UNIVERSITY OF ALBERTA

WHEN WOMEN'S TOUCH TURNS TO TORTURE: THE EXPERIENCE OF WOMEN WHO WERE SEXUALLY ABUSED AS CHILDREN BY A FEMALE PERPETRATOR

BY

SARAH ANNE KELLEHER

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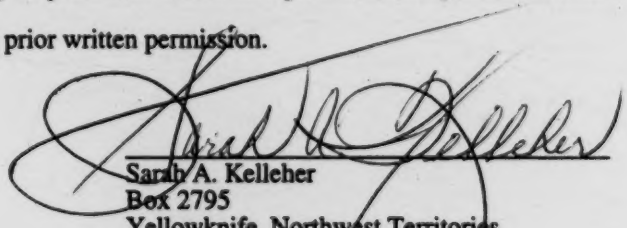

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Out of the chaos

comes the dancing star.

- Frederick Nietzche

DEDICATIONS

To my parents Fred and Kay,

whose love and support have always been a source of strength for me.

To Don,

whose unwavering patience, love, and belief in me has made this endeavour and my life journey a wonderful and ever-rewarding experience.

ABSTRACT

The number of studies in the area of female perpetrated sexual abuse has increased in recent years. Even so, there has been little examination of the phenomenon of female sexual abuse of females, particularly from the perspective of the victim. This qualitative phenomenological study discusses the experience of women who were sexually abused as children by a female perpetrator. In-depth interviews were conducted with five women who had been identified by their treating clinician as having been sexually abused by a female perpetrator. The interviews were audio-taped and later transcribed. Participants were selected using a purposeful sampling procedure, and the collection of data was discontinued when the themes became saturated. The following themes describing the sequelae were extracted from the data: an impaired sense of self-identity, a negative impact on sexual development, an experience of shame, an experience of self-blame, the experience of betrayal, and a disruption in the ability to relate in intimate relationships. The implications for therapists who conduct therapy with female clients who have been sexually violated by a woman are discussed. Particular attention is given to the importance of the therapist's familiarity with women's socialization and psychological development.

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CHAPTER ONE

INTRODUCTION

The Queen of Spades

"If you've ever played
The card game of Hearts,
You know that the Queen of Spades
Counts 13 points against you.

I really wouldn't say
That I've had all the cards
Stacked against me from the start
In the card game of life.

I was just unlucky enough
To be dealt the Black Lady."

Jill--A Survivor of Female Sexual Abuse (Elliot, 1993)

Overview to the Study

This research was inspired by the question, **What are the experiences of women who have been sexually abused by a female perpetrator?** I decided to use a qualitative research paradigm in this investigation to learn more about this experience since little has been studied on this subject matter to date. According to Strauss & Corbin (1990), a qualitative paradigm is more naturally suited to studies where the intention is "...to uncover and understand what lies behind any phenomena about which little is known" (p. 19). Due to the paucity of research regarding the impact of same gender sexual abuse on females, a discovery-oriented approach was utilized rather than a verification approach. Open-ended interviews were combined with a semi-structured interview guide, which assisted in obtaining similar information from all of the co-researchers. This also provided flexibility to explore in greater depth any unique areas of inquiry that emerged in a co-researcher's story.

Five women from the city of Edmonton, Alberta participated in the in-depth interviews. These women were both self-identified and therapist-identified as survivors of child sexual abuse that was perpetrated by a female. Each co-researcher was engaged in a

psychotherapeutic relationship with a helping professional. Therapeutic involvement ranged from a moderate length of time of two years to a more long term, irregular association of approximately 15 years. The construction of this thesis was based on the stories of these women, along with the interpretation of their thoughts and experiences.

The focal question presented to all of the co-researchers was, "What were your experiences of being sexually abused by a female?" The direction of the interview was then determined by the response of each co-researcher. However, the interview guide also acted as a reference check during the conversations with the women. Following this process ensured that I covered the same topics with each co-researcher.

General Background for the Study

Research that has specifically investigated female perpetrated sexual abuse is minimal. To date, the limited investigation of female perpetrated sexual abuse has focused mainly on demographic information (Travin, Cullen, & Protter, 1990). Other areas that have been studied include: etiology (Johnson & Shrier, 1987; Musk & Gallagher, 1985; O'Connor, 1987), types of offenses (Knopp & Lackey, 1987; Marvasti, 1986), and cyclic trends in victimization (Briere & Runtz, 1988; Burgess & Holmstrom, 1974; Seghorn, Prentky, & Boucher, 1987). Attempts have been made to develop a typology of the female sex offender. However, this endeavour has proven difficult due to the paucity of research (Groth & Birnham, 1979; Mathews, Matthews, & Speltz, 1989; McCarty, 1986; Sarrell & Masters, 1982).

Studies have predominantly focused on the immediate and long-term negative consequences of male-perpetrated sexual abuse against female survivors (Briere & Runtz, 1986, 1987, 1988; Burgess & Holstrom, 1985; Summit, 1983). With the recent interest in the investigation of female perpetrators of sexual abuse, increased attention has been directed toward the impact on the male victim (Condy, Templer, Brown & Veaco, 1987; Fritz, Stoll & Wagner, 1981; Fromuth & Buckhart, 1987; Johnson & Shrier, 1987; Risin & Ross, 1987). Despite reports of female-perpetrated sexual abuse against females (Bass &

Davis, 1988; Courtois, 1988; Finkelhor & Russell, 1984; Russell, 1986; Kirschner, Kirschner & Rappaport, 1993; McCarty, 1986; Westerlund, 1992), minimal attention has been given to the potentially unique sequelae that may result from same-gender abuse experience (Evert & Bijkerk, 1987; Ogilvie, 1996; Ogilvie & Daniluk, 1995).

Recently, authors in the area of women's psychological development have proposed that there are significant gender differences in the construction of the self for women (Miller 1976; Surrey, 1991). According to Miller (1976), "Women's sense of self becomes very much organized around being able to make and then maintain affiliation and relationships" (p. 83). This conceptualization, known as the self-in-relation [italics original] model, asserts that the context of relationship is the primary means by which women develop and recognize the aspects of the self. There is no inherent need to disconnect or to give up relationship in the pursuit of self-development, as suggested by many mainstream developmental theorists. This position implies that women must develop an "...adequate description of relational development in order to understand self-development" (Surrey, 1991, p. 53).

Miller (1988) writes that all theorists agree that individuals benefit in their development by interaction with other people. The distinction for females in this theoretical paradigm of the self-in-relation [italics original] model is that their psychological well-being is linked with the mutual development of all individuals in the relationship. According to Surrey (1991), three underlying processes are entailed; mutual engagement, mutual empathy, resulting in experiences of mutual empowerment. The goal for women with regard to their development in relationship is not an increase in separation, but enhanced connection--and, in turn, this connection leads to growth of self and other (Miller, 1988).

These key developments in women's psychology raise some interesting questions in regard to the female child who has been sexually abused by a female perpetrator, particularly with respect to the short term and long term impact in psycho-social development. If psychological well-being for women is intrinsically related to mutual

growth experiences in relationships, then what are the aftereffects for these women in their adult life, with respect to self-identity and interpersonal relating ability? Investigating the experience of women who were sexually abused as children by a female perpetrator, in light of the developmental theory presented in the self-in-relation model, can potentially contribute and augment the existing research.

Knowledge is lacking in the limited available literature. Areas that demand investigation regarding same gender sexual abuse of females are: the differing dynamics involved; emphasis on the victim's perception and reaction to her abuse experience; the experience and timing of disclosure; the attitudes of mental health professionals to disclosure; and the impetus or precursors of the abuse. Information arising from these topics could assist in: more clearly defining both covert and overt forms of abuse, sexual violation, boundary crossing, and ignorant parenting (Kasl, 1990); assessing women and children who are at high risk for same gender abuse with the aim of developing relevant immediate intervention and long-term prevention; and formulating theory and planning appropriate therapeutic interventions for female victims. Information arising from this study may potentially serve to advance these issues.

Kasl (1990) suggests, "People who have been silenced by a taboo can provide a rich source of information" (p. 263). The female survivor of female perpetrated sexual abuse has long been silenced by a culture that will not acknowledge that her experience exists. She lives in a world of secrecy, distress, anger, controversy, and fear of being ostracized and disbelieved. A forum is needed for these women to tell the story of their experiences. This study provided the opportunity for the survivor to share her perceptions and reactions to her experience.

Use of Terminology

Child Sexual Abuse

A definition for child sexual abuse has been provided by Finkelhor & Browne (1986). The categories within the definition of child sexual abuse proposed are modeled on

those utilized by Russell (1986). Child sexual abuse is defined as being comprised of two types of interactions: forced or coerced; overt and/or covert sexual behaviour imposed on a child. It involves inappropriate sexual behaviour between a child and an individual who is much older.

A wide range of behaviours can constitute child sexual abuse. A continuum of such behaviour can include: (a) very severe sexual abuse which includes all acts of penetration--vagina, anus, or mouth with sexual organs or objects; (b) severe sexual abuse comprises sexual acts of unclothed sexual contact--fondling of genital areas; and (c) moderately severe sexual abuse which encompasses fondling of clothed genitalia, exhibitionism, forced exposure to indecent and/or sexual acts, involvement in ritualistic sexual acts or exposure to pornographic materials and/or experiences. It is assumed children are unable to give informed consent to sexual involvement with an older individual, since they are not cognizant of what they are consenting. The power differential that exists between the young victims and perpetrators, also prevents children from declining the contact (Finkelhor, 1979).

Perpetrator

The term, perpetrator of child sexual abuse, is defined along three dimensions and includes: age difference; specific sexual behaviours; and sexual intent. To fit this definition, the following characteristics must be evident: (a) there is an age difference of five years or more; (b) specific sexual behaviors are engaged in and include: penetration of the anus, mouth with sexual organs or objects, exhibitionism, voyeurism, kissing, fondling of genital areas, fellatio, or cunninglingus, or exposure to pornographic materials or experiences; and (c) the intent of the perpetrator's behaviour is for his or her own sexual or need gratification (Conte, 1991).

Significance of the Study

There are a number of reasons why female perpetrated sexual abuse of female children needs to be examined. Within recent years there has been an overall increase in the

reported incidence of child sexual abuse (Finkelhor & Browne, 1986). Female perpetrated sexual acts with children, particularly female children, remain under-researched. Minimal research is available regarding the short and long term impact on the psycho-social development of women who have experienced same gender sexual abuse. Considering the current research in the women's psychological development literature on the self-in-relation [italics original] model, this present study holds the potential of providing valuable information on the effects on the various aspects of the woman's sense of self and her sense of herself in relationships.

Information emerging from the stories of these women would be of practical benefit to the helping professional in terms of conceptualization and treatment. Providing information regarding the following issues may prove to be very helpful: exploring difficulties which may be unique to this clinical population; exploring the sensitivities and attitudes required by a helping professional in dealing with the disclosure of female perpetrated sexual abuse; exploring the presence of sequelae distinct from male perpetrated sexual abuse; and exploring the transference/counter-transference issues in same-gender therapist/client relationship when the client is a survivor of female perpetrated abuse. Additional information could provide preventative measures in both the detection and support for women and children who may be at risk for female perpetrated sexual abuse.

Organization of the Thesis

This first chapter discusses the background of the study, outlines the problem and discusses the purpose and significance of the study. The relevance of the question is also addressed in the context of a literature review.

Chapter two provides a description of the phenomenological approach to the inquiry. Included are a variety of research activities such as selecting co-researchers and acquiring the data. This chapter concludes with a discussion on data analysis, trustworthiness and ethical considerations, as well as the limitations of the study.

Chapter three includes a presentation of the stories of the co-researchers. Written portrayals of these women's lives are offered in order for the reader to gain an appreciation of who these women are, the experiences that have constituted their lives and how having been sexually abused by a female perpetrator has influenced their lives.

Chapter four is the presentation of the interpretation of the findings. Highlighted are the main themes that surfaced from the analysis of the data.

In Chapter five, the findings are discussed from this study in conjunction with the current research. Implications for the counselling profession are suggested. Finally, recommendations are offered for future research on the female perpetration of child sexual abuse of females.

CHAPTER TWO

APPROACH TO THE INQUIRY

Researching Lived Experiences

As a counsellor I have become acutely aware of how trauma contributes to an experience of banishment and feeling dispossessed. I have been well taught by the experiences of my clients that the torments of trauma can mean struggling with the plague. The plague, as one astute client noted, is to be a confused wanderer ever-agonized in a frantic search for safety, plagued with the identity of an alien onlooker, exiled from ever feeling at home with one's self in this world. Long before my research question crystallized into text, I knew from my gestational teachings that this particular research needed to embody a journey that led home, both for myself and for my co-research participants. "Home is where we can be what we are" [italics original] (van Manen, 1990, p. 102).

Hence, in my endeavour to embark on this research, I found myself being aware of my steps in the research landscape. My mindfulness to my steps around my desire to deepen my understanding of the co-researcher's experiences, found my toeholds settling more comfortably among those "...psychologists unwilling to accept the decontextualization of experience and reduced meaning as a necessary price for the elusive goal of scientific objectivity" (Osborne, 1990, p. 79). My passion thus formulated itself into a research question that was at home within the qualitative paradigm. Since the research question is the bedrock from which a study is constructed (Osborne, 1990), then the question: "What are the experiences of women who were sexually abused by a female perpetrator?" naturally nestles itself within the theoretical perspective of hermeneutic phenomenology.

Qualitative research was chosen as the paradigm for this study because of the philosophical underpinnings that are fundamental to this research (Bogdan & Biklen, 1992; Patton, 1990; Van Manen, 1990). The world, according to the tenets of qualitative researchers, is not one made up of constants but of multiple realities (Osborne, 1990). The

world is not an objective thing out there, but is acknowledged as being a socially created world emanating from personal interactions and perceptions. The world is perceived as highly subjective and requires our interpretation. Thus, we seek understanding, rather than efforts to reduce it to numerical measures in an attempt to determine what is real and not real. Perceptions are composed of our beliefs and not facts. Qualitative research sets its gaze on processes rather than ends, and is described as exploratory and inductive. What is asked of the researcher is to be aware of preconceived hypotheses, look past them, and engage in a process of being-in-attention. It requires listening, noticing, intuiting and sensing what is occurring in the natural environment, within the socio-cultural context where the problem exists. Hence the term naturalistic inquiry (Merriam, 1988).

Qualitative research refers to the personal, face-to-face, and the immediate searching for an understanding of the whole; hence making it holistic in nature (Janesick, 1994). It involves the researcher getting close to the data in order to obtain a rich description of the phenomena through interacting directly with the individuals who have experienced the phenomena of concern (Patton, 1990). Description is based on "...the use of language to articulate the intentional objects of experience within the constraints of intuitive and presentational evidence" (Giorgi, 1992, p. 121). The qualitative interview then is the royal road to the detailed examples and rich narratives that give access to in-depth understanding (Kvale, 1995).

My overarching goal in interviewing women who have been sexually abused by a female perpetrator was to gain access to their understanding and the meaning of their lived experiences. My intent was to understand the depth and the breadth of what it was like living through this experience as a child and adolescent, and living beyond this experience as an adult. The most appropriate means of obtaining this information was through in-depth interviews.

Hermeneutic Phenomenology

Hermeneutic phenomenology is the theoretical perspective underlying this study. Phenomenology is a method that studies the life world. According to van Manen (1990) the aim is to gain "...a deeper understanding of the nature or meaning of our everyday experiences" (p. 9). Kvale (1996) elaborates:

> Phenomenology is interested in elucidating both that which appears and the manner in which it appears. It studies the subject's perspectives on their world; attempts to describe in detail the content and structure of the subject's consciousness, to grasp the qualitative diversity of their experiences and to explicate their essential meanings (p. 53).

Phenomenology as a method undertakes a direct description of lived experience, without any consideration about the cause or origin of experience. Description, then is the heart of phenomenology and not the act of explaining, analyzing, predicting or controlling (Kvale, 1996; Valle, King, & Halling, 1978). Phenomenology's distinction from other descriptive and qualitative approaches is its focus on participants' experienced meaning rather than on the description of their overt actions and behaviour (Pocklinghorne, 1989). Phenomenology systematically uncovers and describes internal meaning structures in order to get beyond the immediate and make visible that which is invisible, the essences in lived experience (van Manen, 1990). A phenomenological inquiry is thus directed by the question, "What is the structure and essence of this phenomena for these people?" (Patton, 1990, p. 69).

Hermeneutics is a theoretical perspective that has increasingly informed and worked in concert with phenomenological inquiry in psychological research (Valle, King, & Halling, 1978). Hermeneutics, in its origin is the study of the interpretation of texts, whereby the aim is to arrive at an understanding of the meaning, with special attention paid to context and original purpose (Patton, 1990). According to Packer (1985), utilizing a hermeneutic approach to psychological research, "...seeks to elucidate and make explicit

our practical understanding of human actions by providing an interpretation of them" (p. 1086). The question that is posed by hermeneutics in order to support and provide the momentum for this process is, "What are the conditions under which a human act took place or a product was produced that makes it possible to interpret its meanings?" (Patton, 1990, p. 84).

Hermeneutics and phenomenology make for good research bedfellows, since both share a commonality with an ethic of faithfulness. Hermeneutics centers on being faithful to texts while phenomenology centers on phenomena (Valle, King, & Halling, 1978). Since the research interview is a conversation about the phenomena of the human life world, with the oral dialogue transcribed into texts, then the co-created transcriptions of the researcher and the participants are fruitful ground for hermeneutic interpretation (Kvale, 1996).

Placing this study within a phenomenological hermeneutic perspective was, at times in the inquiry process, like being parented and guided by the hardy lineage of two strong families. Phenomenology allowed me to reawaken the past by revisiting the experience in the present. Hermeneutics provided the opportunity to derive meaning in the present by cultivating the intentionality out of the past by understanding what human purpose and interests the action serves (Packer, 1985). In the end result phenomenology took on the role of the more primary parent while hermeneutics played a more distant role. The phenomenological perspective was highly attuned to hearing the underlying meaning being conveyed by these women who had been sexually abused by a female perpetrator as children.

Phenomenology became the womb that nurtured the emergence of the question for this study. It also became the receptacle that succored the data collection. Hermeneutics, on the other hand, quickly engaged as the here-and-now parent and the active, sturdy pilot. The data analysis, parented from a hermeneutic perspective, was ever attentive to place the ear closer to hear the obscure and the hidden that was seeking to be understood in the stories of the co-researchers.

As a woman and a researcher who affirms the belief that gender is an organizing principle that profoundly shapes the concrete conditions of our lives (Kvale, 1973), I also found kinship in the feminist approaches to research whose foundation is built upon this creed. To conduct feminist research is to place the social construction of gender at the nucleus of inquiry. Lather (1991) states that, "The overt ideological goal of feminist research in the human sciences is to correct the invisibility and distortion [italics original] of female experience in ways relevant to ending women's unequal social position (p. 71). One of my foremost goals in conducting this study was to view my role as a researcher as a medium for the description of a woman's experience, in order to potentially contribute to the correction around the invisibility and the distortion that exists and impacts women who have experienced female perpetrated sexual abuse.

A feminist approach to research shares a special affinity with the qualitative research world view. Both hold a significant regard for subjectivity and experiences, relationships and personal interaction, and the inter subjectivity between researcher and participants (Kvale, 1996). For some feminist researchers, the softness of the interactive focus of qualitative research, is much more in sync with women's approach to life, where connections and relationships are the means to understand and create meaning, not separation and distance (Scott, as cited in Kvale, 1995). A feminist conception of the relationship between researcher and researched is in line with the mode of understanding in qualitative research interviews.

Since the qualitative research paradigm has a natural sister-ship with the extended family of feminist post structural thought, I found myself feeling very comfortable embarking on this study from a phenomenological hermeneutic perspective. This paradigm embodies both my beliefs and values as a counsellor and person in this world. Recognizing this fit, I approached this study with an enthusiasm that seemed to contain a sense of unexplainable promise and hope. The focus of my research for some would not seem to be a topic that would conjure such a sense of verve and hope. O'Hara (1995) expresses a

similar sense of promise as she reflects on the potential liberation that she believes can result from seeing the world from a postmodern feminist perspective and writes:

> Far from despair, the idea that each of us recreates reality with each encounter fills me with wondrous hope, empowerment and community connection. If there is no absolute truth out there [italics original] to create pristine expert systems [italics original] that can somehow solve our problems mathematically;...if we accept that when we enter into dialogue we both change; if it is true that we co-create reality, which in turn creates us--then we are called to a new community. If I can make culture I must act responsibly (O'Hara, 1995, p. 155).

As a feminist researcher, utilizing a phenomenological hermeneutic approach within the qualitative research paradigm to direct my inquiry created the space for me to stay true to my values. This approach offered me a sense of hope. I believed that co-creating the experiences of these women through interviews with me offered the possibility for the emergence of information that might support change for the co-researcher and for other women who have survived same gender sexual abuse by a female.

The Research Process

Background to the Study - A Personal Perspective

The researcher is considered the central instrument in qualitative methodologies (Patton, 1990; van Manen, 1990). In keeping with the holistic perspective of qualitative research, the lived fullness of the researcher as a person is recognized as being pivotal throughout the inquiry process. It is acknowledged that his or her cultural and personal background, as well as his or her experiences are brought into the process, as a set of presuppositions (Valle, King, & Halling, 1978). It is of significant importance that the researcher make transparent his or her prejudgements, biases, and hypotheses. Rather than seeking to eliminate this presence through an objective research design, the phenomenological researcher instead lays out his or her assumptions through conscientious self-reflection, known as bracketing (Osborne, 1990).

Placing the common sense and scientific information in a bracketed foreknowledge is done in order "...to arrive at an unprejudiced description of the essence of the phenomena" (Kvale, 1996, p. 54). What is not required of the investigator is a reduction that involves an absolute "...absence of the presuppositions, but rather a critical analysis of one's own presuppositions" (Kvale, 1996, p. 40). The information arising from such research is not acknowledged as objective knowledge, but viewed as coming from a particular perspective (Osborne, 1990). The reader thus receives the information while keeping in mind the important and influential orientation of the researcher.

To make myself transparent, information concerning my biases, in the form of a synopsis of the development of my interests and values as they relate to the subject of this research are presented.

The genesis of this study comes out of my clinical work as a therapist. Over the past eleven years I treated seven adult clients, one male and six females, who were sexually abused by a female. During the course of treatment, there appeared to be a qualitatively different type of dissonance in these seven survivors in comparison to the clients with whom I had worked whose perpetrators were male. These clinical experiences germinated my interest in examining the experiences of women who had experienced same gender sexual abuse.

A number of experiences inform my perceptions in working with this particular subject matter. My eleven years working as a therapist with survivors of violence, particularly with female survivors of child sexual abuse, has greatly influenced my world view. As a result of my clinical involvement, I am highly sensitized to the pervasive existence of violence against women and children in our society.

While I was preparing to conduct this study, I was informally involved in supporting a school administrator who was contending with a female colleague who was facing allegations of child sexual abuse toward a student. This was a publicized event in my

local community. Despite my informal involvement in this particular case, I became more acutely aware of the prevalence of female-perpetrated sexual abuse.

I recently completed a year's internship as a provisional psychologist with a Children's Post Sexual Abuse Trauma Team. The primary focus of my clinical work involved assessing and counselling children and their families who were dealing with the impact and sequelae of child sexual abuse. During this time I was involved in facilitating a therapy group with women who were either self-referred or referred by social services to deal with the issues of being emotionally and/or physically abusive to their children. None of these women had been overtly identified as having sexually abused their children.

As a result of my 11 years of counselling experience, which has predominantly been with women who have survived sexual trauma, and my familiarity with the literature I attempt to remain as objective as possible in treatment. I am acutely aware that my foreknowledge and experience in the field of sexual abuse influences my research.

My upholding a feminist optic, which acknowledges the socio-cultural reality of women being subordinately viewed in a patriarchal society, is an additional subjectivity that I bring to this study. An area of focus in this study, as a sequelae of the impact of child sexual abuse, is women's sexuality. It is an area particularly in women's lives that has been, and continues to be highly impacted by the economic and social factors of living in a male-dominated society. I have been encouraged especially by feminist authors who have begun to uncover and acknowledge the processes of women's developmental psychology as unique and different from men.

In order to support myself in maintaining an on-going consciousness around my biases, hypotheses, and foreknowledge I recorded and monitored my views and biases throughout the research process. As a way of bracketing, I maintained a journal, de-briefed with peers and discussed my feelings and concerns with colleagues and my thesis advisor(s). These were methods that I employed to assist me in bracketing my subjectivity during the course of this study. Discussions with my clinical supervisor, during my pre-

doctoral internship, helped me to understand and maintain boundaries around my personal, professional, and research postures. Peer support with academic and clinical colleagues allowed me the opportunity to share ideas around my study. It also became a means to be challenged in keeping my predispositions in check.

Involving Co-researchers

Colaizzi (1978) states that "...experience with the investigated topic and articulateness suffice as criteria for selecting subjects" (p. 58). The five women who volunteered for this study had been sexually abused as children by a female perpetrator. All of the women came forward and shared their stories and experiences in the interviews. The perpetrators of these women were all known to the victims and were in relationships of trust, involving a caretaking role. These relationships included mothers, a grandmother, aunts, and a teacher. Participants were between the ages of 39 to 50 years. All women were Caucasian with the exception of one First Nations woman. As children, four of the five women reported being affiliated with the Catholic faith. One woman did not specify her religious affiliation as a child. All but one woman was raised in an urban environment in the province of Alberta. The other woman was raised on a Native Reserve in Western Canada and also lived in a Catholic operated residential school for First Nations children.

When I initially embarked on this study I was hoping to acquire a sample size of five to six women. Since the incidence of female sexual abuse is proposed to be much lower than male-perpetrated abuse I anticipated limited response. Selecting a size for the sample in the qualitative paradigm has less to do with the number of participants and more to do with purposefully involving participants who could provide in-depth and rich descriptions around the phenomena being explored (Patton, 1990). Patton (1990) states, "The validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information-richness of the cases selected and observational/analytical capabilities of the researcher than with sample size" (p. 185). The basis of the purpose and rationale for this study was to gain in-depth information about the experiences of women

who were sexually abused as children by a female perpetrator, hence a small sample size of five was appropriate.

Interviews were conducted until a redundancy of themes was heard. Even with a small number of co-researchers Ray (1990) says that redundancy of themes can be reached. When I no longer heard any new descriptions regarding the phenomenon from the female survivors of abuse I realized I had reached saturation and consequentially I concluded the collection phase.

For this study, I used a specific type of purposeful sampling, known as intensity sampling in selecting the women for participation. Patton (1990) outlines that "...an intensity sample consists of information-rich cases that manifest the phenomenon of interest intensely" (p.171). The women in this study were chosen first due to their willingness to share their unique experiences. Secondly they were selected since each of them had not been offended against in one particular type of relationship with the perpetrator, for example mother-daughter relationship. My decision to choose cases where there were differing relationships with the perpetrator was based upon my assumption that this would potentially capture the breadth of the phenomena in ways that would illuminate the nature of this experience, but not in the extreme (Patton 1990).

Co-researchers who volunteered for this study were recruited from caseloads of therapists who worked with women surviving sexual trauma in Edmonton, Alberta. Therapists were contacted initially by telephone in order to ascertain their willingness to approach potentially suitable co-researchers from past and current cases. When a match seemed likely to meet the co-researcher profile for the study a letter of information outlining the focus and parameters of the study was sent to the therapist. The therapist provided prospective co-researchers who had expressed an interest in the study, with a copy of the information letter and requested that they independently contact me. I chose this procedure in order to increase the probability that the prospective co-researchers were volunteering freely and to assure their anonymity.

Each co-researcher expressed a belief that having the opportunity to share their experience of abuse would benefit their healing process. Additionally, each co-researcher was prompted by an altruistic hope that the sharing of her story might potentially help overcome barriers that deny the prevalence of female same gender sexual abuse. The expressed hope for all of these women was that the outcome of this research might potentially benefit other female survivors of female sexual abuse.

Acquiring the Data: In-Depth Interviews

Kvale (1995) writes, "If you want to know how people understand their world and their life, why not talk with them?" (p. 1). Qualitative interviews are distinct from the ordinary conversation, and "...are a tool of research, an intentional way of learning about people's feelings, thoughts, and experiences" (Rubin & Rubin, 1995, p. 2). In-depth interviews, along with observation and document analysis, are the primary avenues of acquiring the up close and face-to-face data that are the fibers that make up the tapestry of qualitative research. Since the primary goal of phenomenological research is to obtain a description of the multiplicity of the lived experience by attempting "...to listen to what the phenomenon speaks of itself" (Colaizzi, 1978, p. 52), in-depth interviews were the most fruitful means of gaining rich portrayals of the essential aspects of the experience of the women (Becker, 1986).

According to Patton (1990), a general interview guide approach is recommended if a researcher wishes to obtain information on similar topics from all participants. The general interview guide lays out beforehand a potential set of issues that are to be explored with each participant. There is no predetermined wording of questions or concern regarding when the outlined issues are introduced in the interview. The interview guide serves as a checklist during the interview to ensure that all topics are covered.

The general interview guide seemed appropriate since I had particular issues that I wanted to pursue with each participant (e.g., coping strategies, life circumstances at the time of the abuse, experiences of seeking help and support, and helpful healing resources).

I searched for an orientation that afforded me flexibility during the interview to probe and query around the spontaneous conversational style of each participant. The interview guide assisted as a basic check list during the interview and allowed for the emergence of further questions that arose from the participants' responses (Patton, 1990).

In commencing interviews with the co-researchers, each individual expressed an awareness of feeling anxious in regard to disclosing information on such a highly sensitive and often secret part of their lives. For some women, in spite of extended on-going therapy, the research interview was their first opportunity to actually disclose many of the past and current details of their experiences. I knew that establishing a tangible atmosphere of safety and rapport was of primary importance, both from my ethic of "to do no harm" but as well due to my genuine concern for the well-being of these women opening themselves to this process of this study.

Rapport and Trust

Osborne (1990) believes it is the cultivation of good rapport and trust in the qualitative research interview that creates the space to allow for the unfolding "...of authentic descriptions of a co-researcher's experience" (p. 84). Gama (1992), as well, speaks of the importance of "...establishing an atmosphere of trust, acceptance, empathic understanding during the interview" and how this can be highly influential in increasing "...the probability of openness, honesty, and depth in the information" that is revealed by the co-researcher (p. 8). Having a posture of openness around questions on the research topic, as well on the goals of the research, assist in leveling out some of "...the power imbalance inherent in research and invites the interviewee to be a co-researcher" (Becker, 1986, p. 112).

Initial Contact

My initial telephone contact with each participant was the moment that rapport began. Following a basic description of the study and the expectations, I invited the women to be mindful of the sensitive nature of the topic of this inquiry and aware of how they

might take care of themselves, personally and professionally, throughout the process. I began each interview in the same manner, reminding them of the importance of their self-care and support resources. I was conscious that even when individuals have been warned, they may find themselves more upset and anxious than they expected or wanted to be. I was aware of the possibility that during the course of the interviews, the co-researchers might divulge information of a difficult nature. If this should occur, I was prepared as a trained psychotherapist to offer immediate and appropriate support during the interview and assist them in following up any anxiety-provoking experiences with their current psychotherapist. All of the co-researchers were actively involved in counselling relationships that were reported to be beneficial and supportive, with the exception of one woman. She had taken a sabbatical from active involvement in psychotherapy. Prior to our interview, we discussed her agreement with her therapist around re-activating support when and if she required this. Throughout the course of the interviews, I monitored the co-researcher's reactions for distress and fatigue. I offered brief supportive counselling when distress of a co-researcher warranted this.

Interview Procedures

Each co-researcher was interviewed twice. The initial interviews were conducted during the months of July and August in 1995. Each interview lasted approximately one and a half to two and a half hours, and were held in offices associated with the Department of Educational Psychology at the University of Alberta. The locale was mutually agreed upon, due to the ease of accessibility and the increased assurance around confidentiality for the co-researchers. One co-researcher chose to be interviewed in the privacy of her office at her work site. Upon meeting, open-ended interviews were conducted with each of the participants.

In commencing each interview, I took time to establish rapport and obtain some demographic data. I offered further information about the research study and answered any questions or concerns. Each participant signed two copies of a consent form, one for

themselves and one for my file. Then the tape recorder was turned on and the interview, that was later transcribed, began with the invitation, "Tell me about your experience of being sexually abused as a child by a female?".

In November 1996 I returned to each co-researcher and presented my interpretations. This was an opportunity for the co-researchers to check the accuracy of how I had heard their story. It was the time to clarify meanings, to offer additional information, and as well to validate my interpretations of the main ideas and themes. I invited each of the co-researchers to offer their thoughts on how they viewed themselves, the same or differently, in regard to the themes. All the co-researchers, with the exception of one, concurred with my interpretations. Some did offer further information on some areas.

The one co-researcher who did not wholly agree with my interpretations offered valuable feedback in regard to her unique experience. As a result of seeing and experiencing herself as severely dissociated, consequently she had a difficult time validating some of the themes from my interpretations. For example when I discussed the themes of having experiences of feeling self-blame and shame she said, "I don't know if I have feelings of shame, self-blame, or mistrust because I can't allow myself to feel. It's too scary and risky to feel my feelings. I am so highly dissociated. So really I don't know." (November, 1996) This co-researcher's response to my interpretations was not surprising since of all the participants in the study the abuse that she experienced at the hands of her mother was by far the most extreme. Her mother was additionally responsible for involving her daughter in ritual abuse as well.

All of the co-researchers communicated that being involved in the study had felt beneficial to their on-going healing, in spite of certain topics being difficult to discuss at times. Hutchinson, Wilson, & Wilson (1994) describe how people benefit from being involved in in-depth interviews. These benefits include: (1) catharsis, (2) self-acknowledgment, (3) sense of purpose, (4) self-awareness, (5) empowerment, (6) healing,

(7) providing a voice for the disenfranchised. Each of the co-researchers expressed a sense of pride and surprise at their ability to risk discussing a part of their lives that had been a painful secret. It was a common concern whether or not they had been helpful. Each of the women maintained a hope that their contributions to the study might be of benefit to help other women who have survived same gender sexual abuse.

Analysis of the Data

van Manen (1990) reflects:

> Ordinary language is in some sense a huge reservoir in which the incredible variety of richness of human experience is deposited. The problem often is that these deposits have silted, crusted, or fossilized in such a way that the original contact with our primordial experiences is broken (p. 61).

van Manen's thoughts aptly capture how I perceived the abundant data from the stories of my co-researchers. I was aware the co-researcher's stories awaited eyes that held the promise of bringing forth the essence of their experiences. The data of these women's lives begged to be understood so that the primordial meaning could be grasped by myself. I was then responsible in this study to act as a mediator in communicating their experiences in the text of this study.

The data for this inquiry consisted of five transcribed texts from audio-taped interviews, my field notes, and journal reflections. My field notes contained my immediate thoughts, impressions, and/or observations that I had experienced in the interviews with the women. I wrote in a research journal immediately following contact with the co-researchers. In this I included my on-going reflections about anything and everything to do with my thoughts and feelings about the research process.

The transcriptions of the taped interviews were contracted for typing to a counsellor/researcher during the months of August to October 1995. This decision was made due to my impatience with my pedantic and novice typing abilities. A consent of confidentiality was obtained from the transcriber. The transcriptions were completed by

October 1995, and at that time I carefully checked each with the audio-tape, line-by-line for accuracy. Some transcripts were re-checked a second and third time. This was especially needed in the interview when the co-researcher became emotionally distressed around a sensitive topic.

While carefully scrutinizing the transcriptions I became aware that I was beginning the first steps of the analysis of the data. I found myself hearing the stirrings of the deeper structures of meaning (Osborne, 1990; van Manen, 1990). I was reminded that there is no clear line of demarcation between data collection and data analysis (Glaser & Strauss, 1966). I heeded these stirrings and noted them as memos to be followed up at a later time.

Approaching the practical steps of actually doing the analysis felt like a very daunting task. I found during those early days that I was satiated on the inside with an anxiety that churned a self-talk of insecurity wailing, "I don't know what I'm doing!" This was teamed with an outer frenzy of rotating through book after book, article after article searching for the right way to begin. I was searching for a tight recipe that would help manage my anxiety and the ambiguity I felt. I was grappling with what doing a phenomenological inquiry is about. Osborne (1990) notes, "...there is no such thing as the [italics original] phenomenological method. Phenomenological methodology is more of an orientation than a specific method" (p. 83).

In time I found myself drawn to Colaizzi's (1978) seven step approach to conducting phenomenological analysis. His procedure was succinct yet I struggled with his second recommendation of extracting only significant statements that pertain to the investigated phenomenon. I felt that I had a desire to ask of every sentence, "What light do you shed on the experiences of women who have been sexually abused by a female?" Colaizzi (1978), in spite of having clear procedural steps, qualifies that his research procedures are not definitive and should be modified in a manner that suits the researcher and the phenomenon. This addressed my dilemma.

I trusted my intuition to maintain a close and detailed relationship with each sentence in the protocols and discovered that van Manen (1990) speaks of a detailed or line-by-line mode. In this approach each sentence or sentence cluster in the text is surveyed for valuable revelations in regard to the phenomenon. Tesch (1987) says, "The line-by-line approach can be thought of as surveying, where the researcher looks at each square inch of her territory and tries to capture what is there, making sure that nothing important is overlooked" (p. 3). I felt an authenticity in adopting a stance alikened to a surveyor, since I was unwilling to leave any rocks on the landscape of the data unturned. What resulted in this process was a hybrid marriage by modifying Colaizzi's (1978) second step of extracting only significant statements in analyzing data phenomenologically, and by introducing the detailed or line-by-line approach suggested by van Manen (1990). It became a workable partnership.

Following Colaizzi's (1978) first step, I listened to the audio-tapes while I read through the transcription, in an attempt to acquire a feel for the experiences of each of the co-researchers. I recorded all thoughts, ideas and impressions that illuminated any subtle hint of information on the phenomena.

Next, I returned to each protocol and adopted van Manen's line-by-line approach, surveying each sentence for shades of "...the experience to which it points" (Polkinghorne, 1989, p. 52). I condensed and transformed these into more descriptive terms, which coincided with Colaizzi's (1978) third step of formulating meanings. The researcher at this point is "...involved in that ineffable thing known as creative insight; he must leap from what his subjects say to what they mean" (p. 59). It is crucial that the formulated meanings relate to and authenticate the original statement, "...the researcher must go beyond what is given in the original data and at the same time, stay with it" (Colaizzi, 1978, p. 59). I recalled van Manen's (1990) thoughts on seeing the themes in the meaning. He writes, "...making something of a text or of a lived experience by interpreting its meaning is more accurately a process of insightful invention, discovery or disclosure-grasping and

formulating a thematic understanding is not a rule-bound process but a free act of seeing meaning [italics original] (van Manen, 1990, p. 79). Formulated meanings must illuminate the essential meaning of the phenomenon described.

These three steps were repeated for each protocol, which constituted the fourth procedure of Colaizzi (1978). From here I organized the completed formulated meanings of each individual protocol into clusters of themes. Throughout this process I found myself being mindful of Colaizzi's (1978) caution not to follow the tendency to seek only the themes that are common to all of the participants' protocols. During this phase, it is imperative to keep each cluster of themes in reference to the original protocol in order to substantiate their groundedness in the data, and make certain that no stray data exists. In addition to this it is crucial in this fourth step to track any themes that appear as contradictory or unrelated, since all emerging themes need to be included and seen "...as valid and as a conceptual part of the findings" (Brassard, 1994, p. 39).

In the fifth phase, I collected all the protocol analyses into an exhaustive description of the experiences of the co-researchers. I then proceeded with Colaizzi's (1978) sixth step of formulating a synthesis statement about the fundamental structure of the phenomena in the inquiry. Intrinsic to this process of my formulating and synthesizing was my collaborating and inviting a research/psychologist to act as an alter-ego-in-research for me. She provided me with feedback regarding my being true in thematically capturing the data. Including more ears and more eyes was extremely helpful in my reaching a confidence in how I had crystallized and formulated the experiences of the co-researchers.

Finally, I validated my exhaustive description of the fundamental structure of the experiences of the women by conferring with them and doing a perception check. New information arising from the feedback from the co-researchers that pertained to the investigation was incorporated into this written text. Colaizzi (1978), van Manen (1990), and an intuitive trust in my research/practitioner sensibilities informed and guided my steps through the analysis of the phenomenon for this study.

Trustworthiness and Rigor of the Study

All research and researchers must come under the litmus test of credibility. No less is asked of the researcher engaging in qualitative research than that requested of his/her quantitative colleague, around the necessity of ensuring and building credibility in his/her inquiry (Maxwell, 1992; Patton, 1990; Sandelowski, 1986). Where a difference does exist is how credibility is examined (Guba, 1981). Qualitative researchers must give up the security available in the abstract formal measurement system of our colleagues operating in the quantitative paradigm, and go about mindfully and tangibly constructing credibility in a manner that is different but respects the ground from which qualitative studies arise (Wertz, 1984).

Trustworthiness and rigor are the terms used to assay credibility in naturalistic inquiries. Rigor refers to the degree of accountability and accuracy employed in the conducting and the analysis of the inquiry, while trustworthiness is applied to the data, the findings, and the conclusions reached by the researcher. In order to have trustworthiness in the findings there must be rigor in how the research has been done.

According to Patton (1990), since the key instrument in the data collection and analysis of qualitative research is the researcher, then the credibility of the inquiry rests upon the credibility of the researcher. Lincoln & Guba (1985) have developed criteria for establishing trustworthiness in qualitative inquiry, and their framework was utilized in this study in an endeavour to establish trustworthiness of this study. These authors uphold that it is the researcher's responsibility to present the investigation in a plausible and powerful manner "...and to make explicit the philosophical ground and specific world view on which the research is based" (Pocklinghorne, 1989, p. 57). The reader must be persuaded that the findings are trustworthy in how the researcher has ensured credibility, transferability, dependability, and confirmability.

Credibility

Sandelowski (1986) believes that credibility is established in qualitative inquiry "...when it presents such faithful descriptions or interpretations of a human experience that the people having the experience would immediately recognize it from those descriptions or interpretations as their own" (p. 30). Additionally, Lincoln & Guba (1985) feel credibility is strengthened when others who have read the research description once would readily recognize the experience again if they were confronted with it.

Credibility was enhanced in this study by the prolonged engagement of the researcher in the research process, peer debriefing and relating the presentation of findings to the existing literature. The aim of prolonged engagement is to deepen the researcher's understanding of the context, to assist in highlighting biases and distortions and to build trust (Lincoln & Guba, 1985).

Prolonged engagement was established by having two sets of interviews with the women in this study. The personal stories and reflections of having been sexually abused by a female perpetrator constituted the initial interview in the summer of 1995. The second interview conducted a year and a half later, acted as a perception check with the co-researchers. This was done in order to affirm the accuracy of their transcribed stories and to validate how my findings fit with their experiences. All relevant feedback and clarifications shared by the women were incorporated into the final research document.

Overall the co-researchers spoke of seeing the reflection of their experiences mirrored in the analyzed themes. Some women reported that being involved in the research process over the year and a half had been helpful in their healing process. They as well felt that prolonged engagement assisted them in gaining valuable insight regarding the headway they had made toward their recovery. As a researcher, credibility took on a tangible character co-participating in this phase of the investigation. The stories of these women were the data. They provided the constructions on which my findings and interpretations

were reconstructions, so it was they who needed to find my reconstructions credible (Lincoln & Guba, 1985).

As each interview was reviewed and analyzed, constant comparative analysis was employed throughout the process. This entailed categories being derived by constantly comparing a unit of information with another. The goal was to continually refine the emerging themes in order that a perfect fit existed between the themes and the data (Merriam, 1988). This was another endeavour that heightened the credibility of the study. This was evidenced in the manifestation of the common themes that emerged from across the interviews.

Peer debriefing, as seen by Lincoln & Guba (1985), serves several purposes in establishing credibility. Primarily the inquirer is kept honest as a result of her biases, meanings, interpretations, and hypothesis being critically probed by a peer. Peer debriefing for this inquiry involved having two colleagues familiar with phenomenological inquiry review both the codes and the themes that originated from the protocols. Periodically throughout the research process, I met with a fellow graduate student in psychology who was also completing his research long distance, to discuss and critique my research. This was valuable in helping to clarify new conceptualizations and in my being challenged to become aware of the times when I was tempted to corset the data with my prejudgements. During the analysis phase, I was most at risk of being lured into pulling the laces tight around the data, as a result to my feeling unable to tolerate any more rise on the Richter scale of ambiguity and anxiety.

In order to further add credibility to this inquiry, a review of the literature was done. A dialogical relationship was created between the analyzed data and the literature on the sequelae of child sexual abuse and incest, as well as women's psycho-social development. The themes were supported from the sexual abuse and women's psychological development literature.

Transferability

Transferability refers to the applicability of the findings from a particular inquiry to other contexts and other participants (Guba, 1981). In phenomenological study, it is acknowledged that since only a small number of individuals are interviewed, then the information arising from this perspective is bound both to the context and time of the study. As Sandelowski (1986) notes, "...every research situation is ultimately about a particular researcher in interaction with a particular subject in a particular context" (p. 31).

Lincoln & Guba (1985) outline it is not the task of the qualitative researcher to point to the transferability but "...provide only the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility" (p. 316). Purposeful sampling is a technique which increases the likelihood of transferability due to it yielding thick description. This method was employed in the selection of the co-researchers for the study. Women were chosen who could comprehensively articulate their experiences of having been sexually abused as children by a female. Co-researchers were solicited who represented a variety of ages and experience, and who had differing relationships with their perpetrator. This sampling procedure allowed for thick description which would enable others to consider transferring the findings.

Dependability

Dependability is established by scrutinizing the audit trail of a study. The audit trail is a documentation of the processes by which decisions were made by the researcher around the collecting, analyzing, and the interpretation of the data (Guba, 1981). According to Lincoln & Guba (1985), the audit trail substantiates the dependability of the research. Guba (1981) says, "The degree to which procedures used fall within generally accepted practice..." (p. 87) establishes the credibility. A credible inquiry authenticates its dependability (Lincoln & Guba, 1985).

The audit trail for this study documents the rationale and procedures utilized in my decisions around sampling, data collection, data analysis, and the writing of up the findings. Field notes were completed immediately following interviews with the co-researchers. I outlined my observations of the context and the setting (Guba, 1981). The practice of memoing was done throughout the research process in order to record any questions, ideas, emerging concepts and themes. Journalling about my subjective experiences, impressions, and assumptions assisted me in keeping my biases in check. Additionally, it provided a log of the questions and feedback that arose from my meetings with the members of my dissertation committee, other professionals, and my research colleagues.

Documenting citations was an additional part of the audit trail in this study. In the final written thesis, citations selected from the transcripts of the co-researcher's interviews were supported by a reference in regard to their placement in the protocols. This allowed the possibility of returning to the texts as the need arose in order to be able to contextualize the information.

Confirmability

Confirmability is concerned with neutrality--the degree to which the research is able to present the experiences of the participants and be free of the researcher's biases (Gora, 1994). The procedures that ensured confirmability were the audit trail and journalling. Since the researcher is the main instrument in doing qualitative research then the subjectivity of the researcher needs to be considered around the issue of confirmability (Patton, 1990).

Guba (1981) suggests that the researcher practice reflexivity in order to intentionally reveal the underlying assumptions that inform the researcher in going about the inquiry in the manner in which they have. Documenting the introspections of the researcher increases confirmabilty. During this inquiry, confirmabilty was enhanced through my attending to my feelings and concerns in the form of journalling and dialoging with peer researchers,

professional colleagues and my dissertation supervisor so that my views would not encroach upon the co-researchers. My returning to the co-researchers a second time to complete perception checks on the accuracy of my analysis as well augmented the confirmability of this study.

In summary, I was both mindful and practical in attempting to build a backbone of rigor and trustworthiness into the planning and the conducting of this investigation. It is left to the reader to finally judge this study in relation to its ability to withstand the litmus test of being well-grounded and well supported, and thus deserving of confidence (Pocklinghorne, 1988).

Ethical Considerations

Kvale (1996) believes that"...ethical decisions do not belong to a separate stage of the interview investigations, but arise throughout the entire research process" (p. 110). Thus, ethical decisions regarding this study were carefully considered throughout the process.

In preparation for entering into this investigation, I applied and received approval in May 1995, from the Department of Educational Psychology Ethics Committee, for the research procedures to be followed in the course of the inquiry.

Embarking on this study I approached therapists who were known in the psychotherapeutic community to be working with female sexual abuse survivors. When a therapist demonstrated interest I then mailed a copy of the an information sheet on the study to them, for their formal consideration. If the therapist agreed to participate by approaching suitable female clients for the study from their current and/or past caseloads, they were given a one page description of the study that they could utilize in providing more formalized information to clients who had expressed interest and willingness to take part. Potential co-researchers were instructed to contact me independent of the therapist. These steps were followed in order to respect the limits of confidentiality of the therapist-client

relationship. They were also done so that the ethical boundaries around doing human science research were not compromised.

When I received telephone contact from interested co-researchers I initially explained both the purpose of the study and what was being requested of the individual. If the potential co-researcher expressed a comfortableness with the expectations of the study, then an interview was arranged.

At the interview I provided the individuals with a written description of the study for their information. I explained that I was interested in the experiences of women who had experienced sexual abuse as a child by a female perpetrator. I informed each that their willingness to share their experiences was of significant value in the pursuit of this study, and I made certain that each woman was aware that her participation was voluntary, and was not to be a result of having been convinced by her therapist, myself or by anyone else. All women were told that the information given by them in the interviews was confidential and would be treated as such. I assured each women that she would not be identified individually in any of the reports written as a result of the study. In order to insure this, I requested that each co-researcher choose a pseudonym that would be used in reference to her identity in the study.

All of the co-researchers were provided the opportunity to ask further questions about the study before beginning the interview, at any point during the interview, and/or any time during the investigation process. Each was informed that at any time during the interview if they did not wish to answer some questions, they were free to indicate this, and refrain. The co-researchers were additionally told that if during the course of the study they no longer wished to participate, they were free to withdraw.

The women who decided to participate in this study were requested to sign a consent form and they were given a copy of the form along with a summary description of the study. Consent forms obtained from the co-researchers were kept in a secured location separate from the data so that names could not be associated with the audio tapes or the

transcripts. All the interviews of the women were conducted at the University of Alberta, in the Clinical Services offices associated with the Department of Educational Psychology, with the exception of one who chose the privacy of her office. This location was mutually agreed upon due to it being suitable for ensuring both privacy and confidentiality for the co-researcher. In order to further secure anonymity, the transcriber of the audio recordings was requested to provide a consent of confidentiality, as well.

Due to the highly sensitive nature of the topic of this study, it was possible that co-researchers would be at risk for experiencing emotional anxiety during the course of the interview and investigation process. Subsequently, all co-researchers were required as a condition of participation in this study to have access and/or be willing to access psychotherapeutic support, if and when it was needed. Throughout the interview process I was sensitive to any indication of distress by the co-researcher. I offered supportive counselling during those times when the discomfort expressed by the co-researcher seemed to warrant this response.

Potential Benefits

There are a number of reasons why the topic of the experiences of women who were sexually abused as children by females needs to be examined. Within recent years there has been an overall increase in the reported incidence of child sexual abuse as the deep-seated cultural denial regarding the incidence of sexual abuse, in and outside of families, has been broken through. One of the last potential vestiges of denial that has yet to be examined is that females commit inappropriate sexual acts with children. To date there is little in the literature regarding the short and long term impact on the psycho-social development of women who have experienced same gender sexual abuse. Examining the experience of women sexually abused as children by a female perpetrator, in light of the current research in the women's' psychological development literature on the <u>self-in-relation</u> [italics original] model, could provide valuable information on the influences on the various aspects of women's sense of self and their experience of being in relationship.

Worthwhile data might be forthcoming in areas such as boundaries, trust, empathy/nurturance for self and other, power in same sex relationships, dependence/independence in female relationships, and sexuality.

Further data may emerge that would be of benefit to the helping professional working with this particular group of sexual abuse survivors. Information arising from the study may assist in dealing with the course of the treatment process and the therapeutic relationship. Specific information might relate to such issues as: presenting difficulties unique to this group; the sensitivities and attitudes required in dealing with the disclosure of female perpetrated sexual abuse; the presence of sequelae distinct from male perpetrated sexual abuse; and transference/counter-transference issues in same-sex therapist/client relationship when the client is a survivor of female perpetrated abuse.

Due to the paucity of research in this area, information is lacking that could help in providing preventative measures in both the detection of and support for women and children who may be at risk for female perpetrated sexual abuse. I believe that the area of the experiences of women who were sexually abused as children by a female requires further investigation around such social and practical questions at this time.

CHAPTER THREE

THE STORIES: COMPOSING OUR LIVES

"How will I begin to put print-to-page in lyrics that honour, respect and authenticate the full tenor of the voices that symphonized with mine and created such improvised compositions of lives, emanating from my simple invitation, "Tell me about being sexually abused as a child, by a female?" (Journal entry, November 30, 1996)

"...for there is no way to know which fragments of the past will prove to be relevant in the future. Composing a life involves continual reimagining of the future and a reinterpretation of the past to give meaning to the present, remembering best those events that prefigured what followed, forgetting those that proved to have no meaning within the narrative" (Bateson, 1990, p. 29-30).

Composing a life for a woman who has experienced another "woman's touch which has turned to torture" as a result of same gender sexual abuse, was at times likened by the co-researchers to having the time line of their life reversed. Time for the most part alternates between pause and rewind. Life in the present seems to be frozen in time in the past riddled with nightmares, flashbacks of the abuse and a sense of mistrust in the self, the other, and the world at large.

This chapter introduces the co-researchers through the relevant experiences of their lives in re-constructed narratives. In re-telling the co-researchers' narratives a chronological format will include positive and negative events, both past and present.

The Story of Michelle

"Dear Aunt, Please Love Me"

She was hard to miss sitting in the waiting room of the counselling clinic. A fresh, natural face framed by cardinal red coils that caught and illuminated the lusty July sun as it spilled over her athletic frame into the room. Her body was aligned straight

> ahead. Her hands frozen in place on her thighs. Eyes anchored on a plastic replica of a no-name tropical plant. This was my clue. She had mentally crossed over and was either re-trekking a "what if" of the past or anxiously expediting a "what next" of the future. Her mentally moving out was most probably done to avoid the now, which was the interview with me. My eyes tasted her fear. I disarmed my anxiety even though I knew I was about to open the gate on the first interview for my research. My calling her name ruptured her roaming in her mental time-capsule. As she rose, my eyes fell onto the words that boldly ran across her crystal white T-shirt, It shouldn't hurt to be a child! I wondered, as she followed me down the hallway to the interview room, What story lies behind the declaration on her shirt? (Journal entry, July 11, 1995).

Although Michelle was second born in her family, she was considered the eldest in a family of eight children. The first child was stillborn. In the legacy of her family, Michelle carried a pack sack of blame for this. It seemed to be one of the numerous ingredients in her family's mythology that blended together and assisted Michelle in believing that she was responsible for things that were obviously outside of her domain. Michelle described her parents as alcoholic, which seemed to be a key factor that contributed to an emotionally barren and physically abusive family environment. Michelle being the eldest, was often times made an example of and became the primary recipient of her parents' random outbursts of emotional and physical abuse.

> Basically I lived my life in the basement. They did not want us as part of their life. My parents lived upstairs, they just had no use for kids. Children make dirt, noise, they have needs - clothes, need to go to school...(M., p. 36). Sometimes I was guilty, sometimes I wasn't, but I was beaten. My father would beat me with a belt, and sometimes it was so severe that he would say he's going to kill me... (M., p. 36). He would come downstairs and say, you're the oldest, the one to give the example, and have me strip my clothes off, lay me on the table and beat me ...

> This happened until I was 14 (M. p. 37). It was hard to be naked in front of them (my siblings) and I always have this image of myself in the basement in the corner. It was pretty dark and lonely there...(M., p. 37). My mother too would often beat me...when she was hung over, she's a chronic alcoholic. I'd be so scared, just praying to God she wouldn't hit me. She'd come down, take my hair and bash me against the wall, and yelling and screaming and withholding things that we needed to go to school, so that we were outcasts at school. Our family didn't belong in that neighbourhood (M., p. 38).

Michelle internalized these early experiences of neglect and abuse and set up residence in her own inner basement. From this stark and somber inner space Michelle constructed an outcast identity characterized by an insatiable neediness, that thirsted for the slightest nod of attention or morsel of affection. At 48, she recognizes that this fragile foundation of a self-identity made her an easy prey, at approximately eight or nine years of age, for the sexual victimization that ensued on two occasions at the hands of a much admired aunt. The sexual abuse happened during a summer vacation at her grandmother's home where she shared a bed with her mother's youngest sister.

> Coming out of a very abusive background, I did everything you could do to please adults (M. p. 3). I wanted her to notice me. I just wanted to be part of the human race. I looked up to her (my aunt). I remember envying her because she was in high school and eventually became a dental assistant ... She was just the queen of the family. She was really admired by everyone. During the whole experience I think I loved her (M., p. 4).

Michelle recalls feeling bewildered at having her revered aunt trample down the door that is marked taboo between adult caretaker and dependent child, at approximately age nine.

> She was so smart and good-looking and I really had her on a pedestal. What I remember is that, it was summer and I was in bed, and I was sharing it with her. I

> was on the side closest to the wall and I remember it was still light out, though late. She came in later and I don't know whether her coming in woke me up ... but at some point she started to fondle me and I didn't know what was going on. She took my hand and made me masturbate her. I felt yucky, but yet I wanted so much to please. It left such a strong impression on me especially when she reached orgasm. It simply impresses my mind,...just the physiology perhaps. I don't know (M., p. 2-3).

Michelle never disclosed these experiences to anyone within or outside of her family until she was an adult. To date she has not disclosed her aunt's sexual abuse of her to any member of her family. In order to make sense of how an aunt that she held in such high regard could use her in such confusing ways, Michelle internalized the blame. This experience influenced an identity already imprinted with being hyper-responsible and outcast, thus, contributing to her poor self-esteem.

> I just felt I was the one who was wrong, I guess. Like I knew, I had the sense that it was wrong, I had the sense to know it was my fault (M., p. 4).

A legacy of being vulnerable to sexual victimization had now been set into place. At age 12, Michelle was sexually assaulted by a young male. As Michelle grew into adulthood and was confronted with negotiating adult relationships, she took on an added layer in the onion-skin of her identity, organized around a core self-belief of "I am usable". This occurred outside of her awareness. In organizing her identity in this manner, it appeared that she hoped to gain acceptance, even if it was from an assaulting source. In adulthood her psychological survival took the form of promiscuous encounters.

> It came too early, I am usable, and that made me somehow, I'm acceptable. Taking on I'm loose, then somehow I got to matter, got to be somebody. It was not until recently that I realized I was unconsciously working it out. I used to work for a company that was primarily all male and I'm sure that I went to bed with every one of them. I didn't know they were laughing behind my back. I felt important.

That's what made me feel wanted. I was around 30 years old at the time (M., p. 16-17).

Michelle married, but in that relationship she failed to discover safety or reprieve from her I am usable stance. Her pain further deepened. She incorporated her feelings of being used in her sexual relationship with her husband. She felt invisible and disregarded regarding her own needs and consequently shut the door on being sexually intimate with her husband. Ironically, she became prey in a morally and sexually compromising extra-marital liaison for six years with another woman, whom she also revered. Michelle felt trapped in a relationship marked by sexual confusion and shame.

Well it again was somebody I looked up to. I didn't feel good about myself. I admired her. I tried to justify it (the relationship), tried to make it okay but deep down inside, I knew it wasn't okay. I was married (M., p. 18). She was very possessive and controlling. She would get angry if I saw other people. At first I thought I must be something special. My fear of her anger held me in the relationship (M., p. 22).

Over the years Michelle has worked at disentangling her shame-saturated identity. She has had helpful and unhelpful relationships with various mental health professionals, including a family doctor, a psychiatrist, a spiritual director, psychologists and a pastoral counsellor. At 48, she feels an inner resourcefulness in her ability to challenge her internalized shame and is becoming more comfortable and compassionate with herself.

I'm more confident now than I ever was in my life about just my existence in this world, that it's okay to be here sometimes. Sometimes it's not okay though, but there are more okay times than not okay times (M., p. 48).

The Story of Raven

My Mother, My Self: The Masks and the Many Pieces

She hadn't heard my feet brush against the carpet as I approached her. She sat with her eyes shut on her soft, child-like face. Her head, a tussle of salt and pepper mix

> hair, was nestled close into the top of her chest. Her arms, draped with the ample material in the sleeves of her jacket, were folded close around her bountiful body as if for self-preservation and protection. I was reminded of a set of wings. For a fleeting second the image of a bird flashed across the screen of my mind. A bird like those I have noticed the morning after a torrential storm, recovering from the long tormented flight from the night before. Their wings are most often pulled close into their body, their head pulled down as if they have no neck, all done to induce an insular state of rest and resuscitation. Moments later in the interview room something inside me leapt, when she informed me her chosen pseudonym for herself in this study, was Raven. I felt like I'd been called to attention and reminded that somewhere in the intuitive realm we'd already met. Raven was about to open her wings, let me in and take me on the re-telling of her flight for her life (Journal entry, July 14, 1997).

Raven is the youngest in her family of two siblings. She has an elder sister. Raven's physical and geographical home is Edmonton, Alberta but at around the age of six, Raven has memories of taking up residence, mentally, emotionally and spiritually somewhere else. Raven split herself up into many pieces and began to inhabit separate cells within herself. These cells had massive walls which served to compartmentalize and barricade against the pain from the cumulative memories of the touch from the unthinkable one, her mother. Raven dissociated.

Raven surmises that the sexual abuse by her mother began around the age of two to three years. She recalls her earliest memory of her mother's abuse.

> I masturbated while my mother watched at around the age of six. She'd ask me to do it and when I didn't then she'd threaten me (R., p. 6-7).

Dissociation took over shortly thereafter. She has been given a psychiatric diagnoses by her treating psychiatrist of Dissociative Identity Disorder. Raven refers to herself as MPD (Multiple Personality Disorder) and speaks of how she first became aware

of her giftedness to dissociate. She recognizes how a particular personality insulated her from further physical and emotional pain induced by the sexual abuse of her mother.

> I remember when I was six talking to some of my alters, and I thought that everybody did that, had people inside them and talked to them. I guess we all do to some extent but my problem with MPD is that I've totally dissociated since I was about six. There's a particular personality that I liked to use and her name is Julia. When things got too rough for me, I would ask Julia to come and take my place (R., p. 1-2).

Raven needed to dissociate in order to ensure some psychic protection since the sexual abuse by her mother was an on-going experience until she left home at the age of 15.

> My mother abused me whenever she had the opportunity. My mother basically tortured me. Lots of things pushed up inside of my vagina, and a couple of times she tried to kill me by smothering me because I was crying while she was raping me. And I kept getting more and more personalities, by age eight the abuse had been going on for five or six years and I needed alot more personalities to cope with what was going on for me (R., p. 2).

The abuse was patterned around her father's absence as a result of his job, her mother's alcoholism and during times of her personal and daily care habits (e.g., bathing, and toileting).

> My mother never left me alone to take a bath, even when I was fifteen she would come into the bathroom and do stuff. She would touch me, touch my rectum, try to put her hands up inside of me (R., p. 3). It happened in many different places but the pattern is my father would go out of town and my mother would start drinking, and that's usually when we had the worst problems between us. My mother was an alcoholic (R., p. 4).

Raven recalls how her mother coerced her to remain silent about the sexual abuse.

> My mother fed me alcohol to keep me quiet, along with threatening me. I was only about eight at the time. That is one of the reasons I came out the other end with a humongous drug problem, which I have now overcome. Once I started to cry during the sexual abuse (of me) and she put a pillow over my face til I blacked out (R., p. 4).

Despite her mother's fear and restraints to keep Raven silent, Raven attempted to disclose the abuse but encountered her father's denial. Raven also struggled with her inability to form the words to describe what was really going on, as a result of her developmental age.

> I did try to tell my father when I was in grade one, once about this. It didn't work out so well, I started telling him and he told me basically it was a lie and he slapped me. So much for talking to my father about anything that was going on! He still doesn't believe it (my mother's sexual abuse of me) to this day. He keeps telling me I'm a victim of false memory syndrome (R., p. 7-9). I also tried to tell others, kids my own age. It was something along the lines, mommy's mean to me. I didn't have the vocabulary at the time that I have now to talk about this stuff (R., p. 14).

Having been silenced Raven experienced a mountain of rage founded on her pain. Sometimes the rage climbed to such dizzying heights that she was tempted to climb into the role of the offender, like her mother. Her internal resources were stretched to their capacity in keeping her from becoming my mother, myself - the offender.

> I really had this desire to end her life for her. I remember thinking about it when I was thirteen and my mother was in bed snoring away and I thought how easy it would be just to kill her, as she slept. What stopped me was my sane self saying to me 'you kill her, you go to jail, you pay the price'. There was also a moral question for me. One of my morals is you don't kill other people or other living things, and so that stopped me (R., p. 11-12).

In spite of her father's denial regarding the abuse, his times at home with her fed her morsels of attention injected with hope. His affection gave her hope to survive the horror of the abuse with her mother.

> When dad was home I had a pleasant time. He would take me to football games and stuff and, spend a lot of time throwing the football to me in the back yard. So that made things a little more endurable for me. I think sometimes it got me here (R., p. 13).

Childhood moved into adolescence and for Raven it was more of the same. It was now predictable. It was an entrenched cycle that included: (1) dad's away, (2) mom drinks, (3) mom's touch turns into sexual horror, (4) and then I dissociate in order to numb out the emotional and physical pain. At other times, Raven used her gifted hyper-vigilance to predict when the abuse might happen. Sometimes she found ways to delay her mother's abuse.

> Like I got so god damned good at predicting behaviours with her and yet, it's kind of like a routine. A dad leaves, B she's going to drink too much, C she's going to come looking for me to do something I don't want to do. Sometimes I could stave off things a little bit if I guessed what she needed or wanted, because sometimes she didn't want me, she just wanted me to go get another bottle of booze from the cabinet. I was good at it, sometimes I'd just encourage her to drink so she'd pass out before she touched me (R., p. 18).

Geographic relocation provided an oasis of reprieve for Raven when she left home at the age at 16 and lived with her sister in a small Alberta city.

> The abuse stopped when I moved out of the house at 16. I went to live in CITY just to get a big separation between my parents and myself. It really helped a lot. I think I grew up there (R., p. 16). My sister was very considerate and kind and allowed me to talk about some stuff, but I don't think we talked about the abuse at all (R., p. 15).

In spite of Raven's sister being aware that Raven was sexually abused by their mother, there still existed a shroud of silence around this topic. This left Raven with a number of questions in regards to her sister and her relationship with their mother.

> That's the funny part about my childhood memory which is I don't know where my sister was in all of this. I can't remember her being around, and I know she had to be, though she did leave home early (R., p. 2). I sometimes wonder about my sister, if she too were molested by our mother. I'm not sure if she was aware that this (mother's sexual abuse of me) was going on. She is aware now. It's not something we've talked about though (R., p. 15-16).

Geographic distance for Raven did not quell the inner turbulence that had been dammed up and dissociated over the years. Though she was out of her mother's physical reach, Raven's life had been profoundly imprinted and she was left with the emotional and psychological lesions of childhood sexual trauma. She struggled with an ever-present psychic hangover saturated with shame, self-blame, guilt, and mistrust. Raven's life now took on a horror all of its own. It was characterized by her moving into serious states of dissociation. During these times her personal safety was at great risk due to her self-mutilation, suicidal attempts, depression, alcohol and drug abuse.

> I have one alter personality in my dissociation who takes me for walks to rather dangerous places and then pays people to have sex with him. That's Stephen (R., p. 21). Another big thing for me is suicide. That's another gift from my mother. I have a tendency when things get going rough to want to off with myself. I've tried many times. I've mostly taken pills and alcohol together but I also self-mutilate with razors on my arms, another gift from my mother (R., p. 35). I've tried to take care of myself in all the wrong ways, with drugs, and alcohol and stuff because I didn't know what else to do to quell the crowd in here - it gets pretty god dammed noisy in here sometimes (R., p. 19).

Raven has attempted to quiet the din while desperately groping through her psychic fog in an attempt to find the missing pieces of herself. She has been involved in a regime of treatments many times in her quest for life over death. Being at great risk to herself, Raven was often left without the freedom to consciously choose the type of mental health support she received.

> One of my alters was killing cats, and my therapist told me either you get your butt into the hospital with your sister or we'll send the police. So I went off with my sister (R., p. 33). I was in the hospital for approximately a year that time and I only remember two weeks of my stay...the last two weeks I was there. I've been hospitalized lots and lots (R., p. 34). One doctor decided I had x number of alters (dissociated personalities) and he thought he should medicate every single one of them. Can you imagine the mega-doses of medication I was on? I remember being so drugged that I would pass out in the bathtub and several times I almost drowned. He also tried ECT (Electric Convulsive Therapy). That's when I only remembered two weeks of my stay (R., p. 29-30).

Through her work with some helpful therapists and personal efforts, Raven managed to find some of the pieces of her life. The search has been long and turbulent. Her greatest challenge now seems to be integrating her past and current experiences of her life into a whole that has meaning. She remains vulnerable in being pulled out of the present and back into the labyrinth of the past leaving her disoriented and lost. At 39 continuing to live with the support of social assistance, Raven still holds out hope.

> I feel pretty good about things now, but I recently went through a bad period. I was dreaming (nightmares). I was having flashbacks. I generally felt pretty discouraged about things about where my life was going. Because I want more than just a lifetime of therapy, thank you very much (R., p. 35-6).

The Story of Morning Star

"Shadows and Shattered Spirits: My Grandmother, My Aunt, My Mother, My Self"

Shadows tell tales and it seemed that the succulent July sun was determined to provoke my curiosity, as it threw a muted trace of a woman from the adjacent office onto the waiting room floor, and across my feet. I had time to play "tease" with my inner detective, since the receptionist had informed me that my appointment was delayed by 15 minutes, due to unforeseen circumstances. The uprightness of the trace of her form said sturdiness. Her movement, slow before a full window with her face to the light and her back to the world, suggested grace, introspection and a connection to the spiritual. For a moment her apparition retreated outside the lens of the door. No shadow, no suggestions. Silence hints that for her, time and now are to be savored - groundedness. My ears catch the pull and the tear of a tissue as it is gently removed from its nest with a slow sadness. The vibration of mucous being pushed through nostrils, raises suspicion of deep roots of loss. Her shadow moves forward and meets the woman shown in the form of the door. Dancing chocolate eyes settled in sockets of sadness take my hand and I am led into a space that uncovers the shadows of the woman and women disguised (Journal entry, July 19, 1995).

Morning Star is a 44 year old First Nations woman who works as a professional caregiver. She was raised on a Native reserve in northern British Columbia amidst a variety of extended family members. Morning Star's maternal grandmother was the primary caregiver of her and her sister, since her mother was hospitalized for a lengthy period in southern Canada, for tuberculosis treatment. Morning Star's grandmother sexually abused her, her sister, and an aunt. She ascertained that the abuse began when she was an infant and continued until around the age of nine. She hypothesized how her grandmother's sexual abuse was an act of revenge and punishment rooted in anger at Morning Star's

mother. The perverse manner in which her grandmother sexually abused her left Morning Star questioning the identity of her offender until much later.

> She would put things in us (vagina) and touch us in the private parts (M., p. 1). She would have us put our mouth on her breast and private parts, and then she would take our feet and hands and put them in her vagina and for years I couldn't draw, couldn't write. My sister couldn't draw hands or feet on figures (M., p. 5). And she would say my mother's name (during the sexual abuse). After I had to do all those things to her, then she would be really nice and say, look what your mother did to you. I did not know my mother was not there (M., p.11-12). So for years I thought my mother was doing it to me. It was always shadows, and I never knew why the shadows were there (M., p. 2). My mother was in the TB hospital and I was the one left behind, so she paid me back for things that happened between her and my mother (M., p. 3). I figured it out when I had my second child at fifteen. I went and asked some people on the reserve as well as my grandparents before they died, and they said your mother wasn't there (M., p. 12-13).

Morning Star was at greatest risk of being sexually abused when her grandmother was attending to her personal care, such as bedtime.

> It would happen in the morning and sometimes at night, and during the day when no one was around, during times when we had to be changed and fed. Also during morning and afternoon naps. She would be really nice and then she'd lay us down and she would start ripping my clothes off. She would rip my legs apart and she would start rubbing my vagina really hard. She'd just keep rubbing it and putting her fingers there. That's the part when I'd split. When I came to after, I would be very sore and all I wanted to do is crawl out of the room. I hated her bedroom (M., p. 27-8).

Morning Star dissociated during the times when she was being sexually abused by her grandmother. This appeared to help in anaethesizing the impact of the emotional and physical agony.

> She would put us to sleep, and for the longest time I would remember being in a dark room and all I would see is the tree. And I remember what she used to do to us and I hated her. I wasn't there with her when she abused me, I would split. I would go into the tree and I would talk to the tree. But as long as I had the tree, I was okay (M., p. 29).

Life with her grandmother was a nightmare split between the horror of her grandmother's sexual assaults and the abuse of her uncles and an aunt. The home of her grandmother had a public face that covered the shadow of the private horror.

> I was being sexually abused by uncles who were living in the house and an aunt who was part of it as well. (M., p. 8). When I fought back against the sexual abuse by my grandmother I wouldn't get fed and I was told I was the evil child. She would be really nice to me when people came, so I liked it when company came cause I got fed. I didn't like it when they left (M., p. 7).

Morning Star's attempts to disclose the sexual abuse and neglect often times fell on deaf ears. Her paternal grandparents, who also resided on the reserve, finally heard the cries of the anguished child and became her greatest allies in helping her to survive and heal over time. They approached Morning Star from the wisdom of their traditional aboriginal healing practices. Her grandparents' approach and their care acted as a substantial adhesive in holding her together and healing her splintered spirits.

> No one believed us. They thought we were just bad kids but we weren't. We were kids who were broken and abused (M., p.18). At first my grandfather couldn't understand it. Then he believed that there was something and he would tell me to fight back, bite, kick (M., p. 9). It was my Grandfather ___ and Grandmother ___ who helped me to heal and put my broken spirits away. They did this since about

> the age of three. I would run away. I would sleep in bushes and my grandpa would find me, clean me up and bring me back with them for awhile (M., p. 42). They would put me on the walk, telling me to talk to the trees, talk to the wind, and talk to the Great Spirit that's looking on all of us. And when I was really broken, I would hit myself, wet myself, poop myself. And they would chase me out and say, "No, you're not allowed to come in the house. That's not the one I want". They would make me go into the fish house, the bush or the rock. And I would sit there and I'd talk to my broken spirits. And when I came out he would say, "That's the one I want to talk to. That's the one that I believe". That's what kept me alive. But I'd have to leave and go back to my other grandmother's household and then I'd split into many spirits again (M., p. 23-5). I'd go back and want to help SISTER'S NAME and to tell them about the Great Spirit but I would be put down, hit and sexually abused and then eventually I'd split. Before I'd split I would say "I'm going to tell the Great Spirit on you people". Then I would just shatter. (M., p. 63-64).

The sexual abuse by Morning Star's grandmother abruptly ended when she was around nine years of age. Morning Star's psyche could no longer function as an endless abyss. She'd bottomed out. She no longer could withstand any more affliction. This propelled her outward in a murderous rage at her grandmother.

> The abuse stopped when I was around nine years old. I told her I'd kill her. I had a knife in my hand. I'd almost killed her once before with an axe (M., p. 18-19). I told her I hate you, I hate you and your kids and one of these days I'm going to kill them because they (my uncles and aunt) are abusing us too. It seemed when she realized that her sons were abusing us, she quit (M., p. 16-17).

At the age of 10, Morning Star saw an opportunity to escape from her grandmother's home. In desperation she disclosed the abuse and pleaded to a priest and her mother to send her to the convent school in CITY.

> I told the priest and my mom, if they didn't f'ing get me out of here, I'm going to kill somebody or I'm going to run away, I want to leave. So they sent me (to the convent school). And I figured I was getting into a better lifestyle. It was hell. I stepped from the fire into the frying pan. It was worse (M., p. 47-8).

Though among Catholic religious sisters, the convent school was not a sanctuary of safety for Morning Star. Here she continued to experience emotional, physical and sexual abuse. Her learned sexually reactive behaviour made her easy prey for sexual re-victimization. At the age of 10, Morning Star was sexually re-victimized by another adult woman in authority, a nun.

> I wasn't allowed to speak my language and I didn't understand them. They would whip us and feed us stuff that was going rotten while we would have to prepare good meals for them. When I went there I was a really broken and weird kid because of what happened to me at the reserve. I was backwards, I'd swear and I didn't have a clue because I was just surviving the best way I could (M., p. 47). I remember I always wanted to go and touch women's breasts and put my mouth on them. I couldn't figure out why. There was a part where it was okay and a part that was awful, like I was choking. I would want to run away from women (M., p. 30-31). But it was such an automatic thing for me because as soon as she (my grandmother) came into the bedroom, that's exactly what we did cause we were so scared (M., p.32). One night while I was at the convent school the nun was doing her patrol. At night, she would hold her beads so you wouldn't hear them. I woke up, she was over me. And I closed my eyes and when I came to, I was in her bedroom. I remembered I touched her. It was an automatic thing because my grandmother had taught me. I didn't tell anybody cause I was afraid I'd started it (M., p. 50-53).

For Morning Star, her sexually acting out behaviour generated a inner dissonance which resulted in her being highly self-punitive to keep herself in line. It was an easy task

for her to enlist the assistance of an internalized abuser. She'd been well taught. She had inherited the position from her grandmother and so went to war with herself.

> I would hit myself. I would go into the bathroom and hit myself and hit myself. I'd be so scared. I'd pull my hair, and say, "Stay in there, you stay in there, don't you come out. I don't want you to come out. You don't do that to people. Don't you ever do that again, you bitch". And I would grab myself. And I would really watch everything I would do so I wouldn't do it again (M., p. 53).

Morning Star's self-destructive patterns marked the remaining fragment of her childhood and a great deal of her adult life. She had her first child at thirteen and had married multiple abusive partners by early adulthood.

> I've been married three times before now. This is my fourth marriage, and my last (laughs). I went from one abusive situation to another, without any understanding. That's why I said it took my power away to be a woman (M., p. 60). I just got with men who were just like my aunt, my uncles and my grandmother. They were very abusive, hurting me very badly, sexually and other stuff (M., p. 59).

Life trembled on a bedrock of fear, for Morning Star. Her tools of survival became disconnection, disembodiment, and dissociation. A psyche constructed of such fragile elements feeling discombobulated and dispirited was a natural outcome. The emotional and physical stress of the cumulative years of abuse had split the slivers of herself too thin. Over the course of her adult life her house of cards collapsed. Morning Star found herself both seriously mentally and physically ill.

> When I had my first baby, I would black out really bad and I was afraid of hurting her. I told my family doctor what was happening and that I needed help. I was with the kids' father and he was way older than me. It was a very chaotic relationship. So my doctor sent me to Edmonton to the University Hospital psychiatric ward. I was supposed to stay for three weeks but the kids' father signed me out after a week. I didn't go back (to the hospital) cause I knew he would beat me. And then a

> second time I had an emotional breakdown because of the abuse and what was happening in my marriage. I ended up at the Alberta Hospital, in care for a month. I was eighteen. I had four kids and I was diagnosed to be dying of cancer of the womb (M., p. 56-57). Later I went back to the same doctor and told him it was still happening (blacking out) and I was scared I might be hurting the kids. I don't remember months from days. I never knew who was there. I lost a whole year (M., p. 58).

Having escaped from the abuse of her third husband, and going into hiding for a year, was the turning point for Morning Star. She decided to embark upon a sojourn to heal. Relationships with helping professionals were not always experienced as salve to the soul but sometimes as more salt to her wounds. A women's shelter worker, a Lutheran pastor and a female psychiatrist were instrumental in her recovery. These professionals embodied the spirit of her grandfather. These relationships proved trustworthy for Morning Star. This eventually lead her to a more universal trust in the goodness in humankind.

> For a long time I didn't disclose anything to any healing person because I wanted a therapist like my grandpa and grandma. Some therapists played with your mind and they had no right to do that. I also didn't go because they were white people. I always looked for people like my grandparents. Unconditionally they loved me and knew how to be with me. They were powerful spiritually and were individuals. They (my grandparents) weren't perfect but they were kind. (M., p. 62-3). And then I found Pastor ___ and he was a little bit like my grandpa. He understood me. I began to see there's a grandpa and there's a grandma in everybody. I just have to know that this spirit is in everybody, no matter what color they are. And they (the counsellors I saw) weren't native, they were all white. I can go on because I know my grandparents spirit is in everybody (M., p. 68).

Although continuing to heal, Morning Star readily admits that she has yet to deal with her grandmother's sexual abuse. For her it is the last trauma.

> I've dealt with all the other abuse, the uncles, the reserve men and this (the research interview) has come just at the right time because I knew the sexual abuse by my grandmother was there but I never touched it. I know I can deal with it because I am a strong woman now. She took away my identity as a woman. I used to question, "Why am I so disoriented as a woman"? (M., p. 30). I am so angry to know what she did to me as a woman, spiritually, sexually. It totally broke my spirit. It took away from me to be one with my children (M., p. 35).

For Morning Star the experience of being sexually abused by her grandmother as well as her aunt penetrated into the core of her identity. She believes that in some respects it was an experience that contributed to shattering her soul. She captures this in her poem.

I walk in the shadow of doubt
Reaching outward for answers
but they only bring harm
to my inner self

I wander around like a lost cub
in my search for inner peace
which I had never lost
in the first place

It was taken away...

By the cruel deed which numbed my spirit
Shutting me out from reality
I am torn apart within
Leaving me in suspicion of my identity.

(Morning Star - June 1995)

The Story of Elaine

"Teacher's Pet: A Year in Detention"

Her lengthy, toned, athletic frame leaned into herself while her eyes friendly, bright and engaging leapt forward and touched me. I immediately liked her. I sensed I was about to make my way on a road still under excavation and heavy construction. She was like a flag person at the construction site warning that there were things to watch out for on the road up ahead. She cautioned that she needed time in order to be comfortable to share her recesses of hurt. And then she laid

> herself open like a book. In a matter of seconds, I felt that a history had been told. It was as if the lock on the cage had been sprung. Her story spilled forward. I recognized the viceralness of her vibrations, as the somatic voices of someone who knew what it was like to be under house arrest. Instinctively I knew she'd spent time in detention (Journal entry, August 29, 1995).

At 45 Elaine is a highly successful professional who works in a computer management position. She was the fourth child in a sibling line of five children. Home was a barren environment for Elaine, bereft of parental guidance or nurturance. Her father struggled with an alcohol problem and was physically abusive. Her mother seemed anaethesized and unable to provide Elaine with any love and attention. Elaine has speculations that she may have been sexually abused by her mother, which to her would explain the repugnance and distance she experienced from her mother. Surviving under these arid family conditions left Elaine deserted by her parents and feeling poorly about herself.

> My father was an alcoholic and we certainly weren't close. He was also physically abusive (E., p. 15). I've always felt that I didn't matter to my mom, like I was disgusting. One time I had a dream where an adult female was abusing an infant and when I awoke I was horrified. Later I was thinking about it, in the middle of the night, and it was like a flash and I realized I was the baby in the dream. Suddenly my whole life made sense (E., p. 40-41). It explains how I fit in my family. If she (my mother) were to have abused that child (me) then how could I (my mother) love that person (myself). I would have to deny because I would feel so guilty and so disgusted with myself, so I would have to make that person (me) have no value. I don't know if she could have let herself (my mother) care for me. But whether that's true or not, I don't know. But it fits for me (E., p.41).

Elaine is aware that at an early age she had adopted an unquestioning self-perception of I am usable. She ascertains that her low opinion of herself was the result of a

number of experiences: her stark and abusive family environment; her mother's possible sexual abuse of her and the sexual abuse by her brother who was five years her senior; when she was 3 years of age. This explained for Elaine why her belief that she was here to be used by others flourished so profusely as a guiding principle for her life.

> In my mind as a child I just never questioned that I was not there to be used. Like, do you want to use me, then use me! That's what I was about (E., p. 5). I was about two and a half or three when the abuse by my brother started. I remember how short I was, how I fit on the couch. Like I was really small,(E., p. 39-40). I remember that he'd look at me, make me undress and position me. And then he'd masturbate himself. I don't remember him touching me exactly. But he got sent away to stay at my grandma's place in Vancouver. And I'm thinking now why'd he get sent away? Like, was it because he got caught? (E., p. 48-49).

At school she was isolated and had few friends. Pleasing her teacher became a primary source of validation.

> I was an isolated individual although I had a few friends. I had low self-esteem and lacked confidence (E., p. 2). I was very academically inclined and did really well in school (E., p. 3). Teachers were where I got my positive feedback. I'm shy and that's where I got the pat on the head, and I was always the teachers' pet through school. I wasn't getting positive feedback at home. But I did get it there. My parents were also very strict and would always take the word of the teacher over a kid. So if I came home with bad grades, it would be my fault, not the teacher's (E., p. 6-7).

Elaine was primed for further sexual re-victimization. In grade 10 when she was approximately 15 years of age, Elaine became the teacher's pet in a manner that she would never have imagined. Her teacher was skilled in grooming a victim who sought a teacher's attention and praise.

> At first the teacher befriended me and suggested simple things. We had basketball practice and she was the coach, so she'd say instead of me giving you a lift to your house, how about I give you a lift to mine and you can stay all night and go to school from there. And that was okay, it seemed it was very, very, innocent. In about two months, I was spending more time with her and she was telling me how bright I was. She was starting to set the stage, using my intellectual ability and not using my feelings for things. She was already setting up to manipulate me, which I didn't realize until ages later (E., p. 3-4).

A good hunter in the animal world knows the value of taking one's time in becoming familiar with the customs and the habits of his or her prey. The hunter is aware of the merit of confusion, and an ability to throw the prized victim totally off guard. Also, she's mindful of the importance of holding back in order to mentally strategize and plan the next move that will lead to her fatal pounce on her prize. Elaine's teacher/offender was no different. It appeared that she calculated each move until she had Elaine in her trap.

> I can't remember how the phases went but first, like a hand hold, and then a kiss. I have no recollection, zero of ever being hugged by my parents, or anyone. So to me physical touching was weird, very peculiar, and uncomfortable. So it felt very wrong to me. I had no concept of female sexuality anything, and none about abuse. With a female, I didn't know it could be a sexual thing. It didn't feel good. It started to escalate and by the end of the year it was a major sexual relationship with every kind of sex, oral sex, penetration - digital penetration, with fingers and things like that. What was weird was that it started out as touching and then progressed (E., p. 4-6).

Maximizing her position of authority and teaching skills became a way of leading Elaine further into the snare of sexual abuse. She played mind games around the motto, "When the student is ready the teacher will come". She convinced Elaine that her body's physiological response was the sign that she truly wanted to be sexual with her. Elaine

believed that her involvement was wrong but was fearful of the consequences if she said no to her teacher.

> In my mind the teacher was always right. So it was kind of confusing. I was thinking, well I don't want to tick her off because I valued my marks. She's going to teach me for the rest of this year. Then she started to explain to me how my physical body worked. She said there are signs of sexual arousal, even when I didn't want it to happen, like my nipples hardening. At least I couldn't stop it, I tried. So she'd say that your body knows this is the right thing to be doing, that it wants this. It's just your upbringing that's causing you to question. You're very intelligent and you're 15, 16, and you should be questioning what you've learned. She had a way of manipulating my thinking, like breaking my mind and I just couldn't argue her ever (E., p. 8).

As the school year progressed, the sexual abuse of Elaine by her teacher developed into a sordid and twisted sexual scenario that eventually was played out in the bedroom of her family home, where the teacher now took up residence. At one point Elaine's father confronted her about rumors of her involvement in a lesbian relationship with this teacher. Elaine's acute sense of self-blame and shame kept her bound to secrecy. Elaine was confused how her parents and others were so blind to the overt signs of the abuse by her teacher especially since it was happening within Elaine's home.

> This is even weirder, and I don't know how it happened but the teacher came and actually lived at my house. She and I shared a bed. She paid room and board. I felt like I was being bought. I have this feeling that somehow my mom knew. It doesn't make sense why she (the teacher) would have taken this chance. And my parents said they didn't want to choose my friends and so in that sense they thought it was a good thing. They were sort of sticking up for me against the rumors. On the one hand, they were being good parents but on the other, I couldn't go to them,

> maybe they saw the signs. I was so ashamed because of how I'd been raised that I just couldn't tell them. I felt trapped. I couldn't see a way out (E., p. 17).

For everything there is a season, and for Elaine the arrival of summer meant the end of the school year. With this ending came the beginning of her release from what was perceived as an eternal hell in detention.

> I kept thinking freedom at the end of grade ten, because she will go away for the summer and live with her family. So my goal was to last until then. And so, I got my marks and she did go back to her home. Honestly, the freedom felt unbelievable. I got my life back again. I'm alive. It was incredible not to have her there everyday with the extreme emotional abuse, as well (E., p. 29).

When September arrived and school re-commenced, so did Elaine's threat of being pulled back into another year sexually re-victimized by this teacher.

> In the fall she returned to the community and she would call and drop by unexpectedly. I was out of the entrapment and I knew what that felt like. I was so tense with her being back. The freedom felt so good that I actually just told her to get out of my life but it took several times. The last time she called she'd been drinking a lot and I tried to tell her to go away and leave me alone. I was trying to do this while my parents could hear. I tried not to let them know what was really going on. I hung up on her several times and she'd immediately call back. Finally my dad took the phone and said, "You leave Elaine alone and you don't ever call here again." And that was the last we ever heard of her (E., p. 77-78).

Even though Elaine severed the physical contact with her perpetrator she was not totally free from the sexual abuse. She moved into adulthood carrying around the psychic scars of having been sexually abused. For Elaine the damage manifested itself in a number of significant areas in her life, particularly in interpersonal relationships. Elaine carried a reservoir of self-blame and a contaminated sense of self. In order to quell her emotional distress, she began to abuse alcohol. Alcohol consumption had been initiated earlier as a

part of her perpetrator's seductive foreplay. The alcohol abuse contributed to a frenzied adult life, until she claimed her sobriety six years ago. The impetus in remaining sober resulted from a personal tragedy. The sudden death of Elaine's twelve year old daughter of a brain aneurysm, and the parenting of twin boys who suffered from cerebral palsy, had pushed her to the limit.

> Stephanie died, and here I had these handicapped kids, they were born ten weeks prematurely. When Stephanie died of the brain aneurysm I felt for the longest time, and it's probably still there, that my insides are poison. Toxic is the word.

Elaine felt unable to alleviate her sense of responsibility for having been sexually abused by a woman. She maintained a pervasive self-hate. She reasoned by living she had contaminated many but to die meant that she ran the risk of potentially defiling the whole planet. "Of dust you are born and to dust you shall return" meant the globe was at tremendous risk. She was caught in a very narrow chimney between living and dying.

> I was very suicidal, I was drinking every day, after Stephanie died. I had decided I'll give it another year and if I'm still feeling this lousy, then I'll just go out and drink and do myself in. I thought there's a burial plot beside Stephanie. But even then I felt my insides are so gross, like I didn't actually want to be buried beside her because I didn't want it to seep into the earth. If I died and was buried then I'd contaminate the whole planet. It was such a deep self-hate (E., p. 58-59).

A turning point came when Elaine realized that the grief she experienced for her daughter meant that her daughter's life had value. Somehow she was able to transfer value of her daughter onto herself. Her coming to this realization was at great cost to herself. Elaine's decision to step out of the frenzied jig of addiction resulted in her separating from her marriage and deciding not to be the primary custodial parent of her twin sons.

> I was lying there thinking Stephanie's life was so valuable and it's gone and there's no point to my living. And then I thought, just a minute, why is her life valuable and mine isn't. How come she didn't get to live and I'm throwing mine away. That

> doesn't make sense. I must have value. Like, I must have as much value as she does. The only thing is, my life is built on a bunch of crap. I've had forty years of garbage here. And I thought, I don't know how I'm going to do it but I'm going to come out from under this crap. Life is very precious and very valuable. I have to find my happiness. And so that's what I've been basically trying to do. And it's meant the end of my marriage and the end of my drinking. I don't live with my kids anymore (E., p. 57-58).

The death of Elaine's daughter Stephanie was also an impetus for Elaine to report the sexual abuse by her teacher to the police, 25 years later. She felt that reporting the abuse could potentially prevent one more victimization.

> Every June I count another victim. This happened after I had my daughter. I used to think if I kept this inside then it wasn't going to spread on the earth and it would go away when I die. Then I realized as long as I'm not telling anybody then she's (the teacher) every year maybe destroying another girl, someone like my daughter. One night I had called the crisis line. I wasn't suicidal but I was feeling depressed. I talked to this excellent guy and he suggested that I get in touch with the police and report it (sexual abuse). And so I did report it to the police (E., p. 69-70).

Elaine has sought counselling support through a family doctor, a psychologist, and a self-help group. She acknowledges that all of them have been helpful. She admits that she has not dealt specifically with being sexually abused by a female in therapy. She sees that she needs to focus on this if she is ever to overcome her shame. Elaine feels sorrow at the losses she has experienced as a result of her sexual trauma and evaluates her progress to be minimal. Elaine remains unsure of how to go about making her life different.

> I have a sense that I am missing out as a result of not dealing with it (the sexual abuse) and having thirty years pass, knowing that I actually have not dealt with this stuff (E., p. 82). I actually avoid my parents because I feel so ashamed and I'm afraid they'll bring it (her being sexually abused by the teacher) up sometime. I'd be

afraid they'd ask me why did I let it happen (E., p. 18). I suspect I am not experiencing relationships with females as a normal person would, because when I'm with females I'm very distrusting. I'm very suspicious of them being manipulative and I have a hard time trusting friendliness in females. I don't have that sense with males. I don't have the rule book on relating. It doesn't make sense. I can't do the friend thing so I gave up on it (E., p. 82-83). I am forty-five, I have a career, I live by myself, and I don't have many friends. I just breathe and live a quiet, isolated life. I'm not making much progress. It's hard to see life go by and try to figure it out in any kind of time so that you actually have time to live. And not dealing with it is not the answer either. I've been in a limbo state for awhile. I would like to be inside somebody else just to see what it is like. I don't know where to be looking or what to be looking for. I kind of feel bad about not dealing with it (sexual abuse by the teacher) because I think it would be valuable to do and there is so much more to life (E., p. 86-87).

The Story of Dorothy

"Mother's Hands Hemorrhage and Horrify"

I wondered if deciding to meet in front of St. Stephen's College was such a good idea. How would I know if she is the one amidst the nights' confusion of rain, darkness, and mist. A double set of backended eyes on a multi-purpose family vehicle blinked once, twice, and finally a third time. The long beam of crimson light, as it slid past on the slick pavement, seemed to be announcing her arrival. Dark, timid eyes met mine through the top slice of a lowered car window. Past her head in back seat of the car was a large lopsided but concealed formation. I followed her guidance and cradled the cardboard construction shrouded in a blanket while my mind tumbled over and over with curiosity. I unknowingly held the destruction site of her soul.

The crane of a long black arm grew out of one side and draped itself over the cryptic paper mache pit. Contorted black fingers in a cradle-like position hung suspended in mid air above as if they were holding some imaginary morsels to be fed to the dark gaping orifice below. For a moment a wave of the familiar washed over my mind. My thoughts tugged on the thread of a memory of a summer I spent in Nicaragua. I'm peering over the precipice of a volcano outside of the city of Managua where the Somoza dictatorship was known to have plunged political dissidents from a helicopter into the simmering cauldron below. I was pulled back to the now as her hand disappeared into the neck of her blouse and worked around the side of her breast. Her hand reappeared and in it, a small cotton sac. She gently removed the tiny form of a doll with hair in dark braids and dressed in a pair of denim coveralls. The resemblance was unmistakable. It was a miniature replica of her younger self. She carefully lay the little form in the cradle of the gnarled fingers. She stepped back and her own hands moved up and created a fan on her face and her whole body began to tremble. Her dark eyes peer through and they say, That's what it was like to live with the touch of the one who tortures you, blackness, pure blackness, and total terror (Journal entry, July 30, 1995).

Dorothy is a 50 year old woman who was the eldest child in a family of eight children. Dorothy believes that the sexual abuse by her mother began in infancy. She is adamant that labeling her experience as sexual abuse fails to capture the maltreatment she experienced. Dorothy knows when touch turns to sexual torture.

She would use penetration for control, certainly she used it when I was being toilet trained. She'd put two fingers over a face cloth and put it inside of me which was very sore and painful as a child (D., p. 3-4). There were severe beatings with a yardstick where I would be left bleeding. By age seven, eight she had moved into torture. For example, she would tie me over the toilet very tightly, so tight that the tying itself would cause alot of pain. And then she'd fill me up with water which

caused a great deal of pain from the amount of water inside me. When she'd let the water out that's the worst time, ah the water streaming out caused so much pain. And she used electric shock with an old ironing cord. She'd tie me up over the bathtub with a stick across and shock me, pinching up pieces of skin, stabbing it with pins and then shocking the pins. She'd put wire inside me (vagina) and then put shock on the wire. She also put mustard powder inside of me as well as cayenne pepper, and ice cubes (D., p. 4). She'd fill the cuts full of mecurechome, and put sandpaper in my vagina. I'd be all bloody (D., p. 20). My mother would use this as a way to get sexually aroused because then I'd have to masturbate her afterwards. She'd control me with that by putting her hands in my vagina so I would do it right and, then she'd squeeze it or whatever if I did not do it right. She'd also come to my bed and fondle me (D., p. 5).

Being sexually abused by her mother was an abominable experience for Dorothy. In time like a child prodigy she was tutored in the acts of terror.

She (my mother) systematically taught me, made me abuse my siblings. I remember the first time, she tied us both in the garage and she'd give us a shock and she said t if you shock SISTER'S NAME then I'll stop giving it to you. At first I kept resisting but she really went after me and so eventually I shocked my sister because I was the kid and she was the adult. She would also tie SISTER'S NAME over the sink. She is three and a half years younger than me, and then she'd make me do things to her, like put a stick in her and my sister would be taped up. My mother would want me to move the stick inside my sister. I'd try hard to move the stick without pushing down on her. And then my mother would say, "Make her jerk, make her jerk." And if I didn't do that then I'd get it myself (D., p. 6-7). It was terrible, because I kept thinking, take care of SISTER'S NAME, take care of her but I couldn't. And then she made me abuse my other siblings as well, I abused them before they could talk. That was terrible! I hadn't remembered for a long time

> that she made me do it and that was horrible to think that I did that. It helps now knowing that she made me do it, abuse them (D., p. 8-9).

Dorothy's mother seemed to gain heightened satisfaction from witnessing the sadistic horror. She often arranged for a male friend to sexually abuse Dorothy while he visited the family home. It was as if Dorothy's sexual victimization was incorporated by her mother into the other weekly family traditions.

> At around the age of 12 she made me available (sexually) to a male friend of the family. He'd come for Sunday supper. He'd say, "Oh Dorothy can you come and show me where the beer is?" And I knew what he meant. She would cover for him while he sexually abused me in the basement (D., p. 17).

For Dorothy, home was unsafe. Dorothy protected herself from the overwhelming pain by dissociating. She separated herself emotionally, psychologically, and physically from the horrors of her own and her mother's touch. Dissociating safeguarded her against the torrents of pain and terror sweeping her away. She recalls the experience of closing off herself and re-emerging numbed out on the other side in a dissociated state.

> Around nine or 10 I formed a terror of falling over the edge into chaos which was a place from which I could not form the intention of getting up. I don't have a word for it. I didn't know what was happening but I solidified within myself the efforts to keep from going over the brink. And that meant holding it all in. You can't let it out. You can't allow it (D., p. 7). I remember, my heart screaming, the baby, the baby. But I don't bother saying it to her. Dead, I just go dead. I am an electric pushed zombie. I do it. I shock SISTER'S NAME. Her screams reach me through a long, long tunnel, closed to me. It's black, it's dead, it's me. (D., p. 66) I've spent most of my life dissociating the terror. I still do (D., p. 26).

To disclose the sexual torture by her mother was to do so under the threat of death. Dorothy's father in spite of questioning her injuries was a man in denial according to her. Dorothy struggled to break down the barricades of secrecy using the only vocabulary

available to her, the words of a child. But the words of an anguished child were not capable of penetrating her father's ears which were blocked by denial or withstanding her mother's threats.

> My father didn't know about the abuse. He would be away in TOWN setting up a PROFESSION. Later he was very involved in PROMINENT PUBLIC ROLE. Once when I was little I showed my father the marks on my bum. He said, MOTHER'S NAME, what happened to Dorothy? Shouldn't she (Dorothy) be seeing a doctor? I would be so sore that I would not be walking straight. My mother said, oh she fell off the curb. Let's see if she's okay in a couple of days, and if not, I'll take her to the doctor (D., p. 12). I had no words at all for any of it. I'm sure my father didn't either, have words for child sexual abuse. Afterwards when he was gone she'd beat me and say, "Why did you tell daddy? What a bad girl you are. Don't tell daddy what a bad girl you are. It's a bad thing to tell". She'd warn me that if I told that she would make sure that I died of the pain. I remember screaming til my throat bled (D., p. 16). My father was blind, blind, blind, irresponsibly blind (D., p. 17).

In spite of Dorothy's father being blind and not protecting her from her mother's physical and sexual abuse, he was lovingly attentive to Dorothy. This was a life line and a balm to a child with a hemorrhaging body and soul.

> My father's love got me through. He really, really, loved me. I was very special to him. He showed love in the way a parent should show love. He would pick me up, cuddle and hug me. Sometimes he did spank me but I always knew he cared (D., p. 19). My father was consistently loving while my mother was black, black, black. I couldn't see the good parts of her. She had a mask that she put on when my father and other people were around (D., p. 20-21). She tried to get to me. She tried to make me like her but she didn't get to me. My father's love didn't allow her to get to me (D., p. 10).

Being sexually abused by her mother continued until Dorothy was somewhere between the age of 14 and 17. Her memory of this time period has been vague until recently. Her mother had trained her daughter well and seemed to ascertain that she needed to put her in the hands of more advanced apprentices. Dorothy's mother arranged for her tutelage within a cult. Dorothy was to continue to be held in the clutches of her own and others' sexual and physical torture. This abuse involved multiple offenders. She not only was the recipient of further physical and sexual torture but would witness acts of human sacrifice, murder itself.

> Her sexual torture of me stopped around 14 to 17 when she took me to a cult. She arranged to have me kidnapped. She had to have told them where I was, because someone would come and force me into a car and take me to where the cult met. I would turn into a zombie because the terror would come. I couldn't live with the terror so I'd dissociate (D., p. 22). There was two leaders, one was just into torture but with the second leader there was murder (D., p. 2). I remember my mother at times being there. She would demonstrate on me how to wire me up to do shock. She'd put a wire inside me and wire me to a car battery. She could do it quickly. She was very good at it. But she wouldn't let more than two do it to me though one time it did happen three times (D., p. 23-24). I also have memories of a couple of women in the cult doing sexual stuff to me. I recently had memories of my SISTER'S NAME being there with SISTER'S NAME and me being forced to do stuff to the both of them. I've got memories of two neighbour children and another neighbour man as well (D., p. 36). I remember only one time of a murder with the second leader. There was a big group, maybe a hundred people came (D., p. 37).

Dorothy moved into adulthood and continued to live her life paralyzed in emotion and memory. Her life took on a dissociated shape. Dorothy organized her identity as if she had never been faintly near a tremor of trauma. In truth she was built on a substratum of terror and fear but herself had gone into hiding. For many years she had no memory of the

sexual torture that she had experienced at the hands of her mother, or any other of the horrors she was forced to endure. Dorothy spent a number of years in psychotherapy attempting to unravel the tangles and knots that seemed to obstruct both her internal and external life. Through this process, suspicion of her relationship with her mother never surfaced. Her memories had been covered by stories and intimidation. As a result of the astute observations and questions of her therapist, Dorothy began to explore her relationship with her mother and in time her memories of her mothers sexual abuse of her began to emerge.

At 50 Dorothy recalls her years involved in the rearing of her two daughters. She expresses concerns and regrets on how the sins of their grandmother were re-visited in her relationship with her daughters.

> I was very distant, critical, and controlling with my daughters. I would rather have done anything but parenting. My kids were emotionally abused. I was also very rough with DAUGHTER'S NAME. I don't remember actually abusing them, like physically or sexually beyond being rough. But emotionally I did. It would be the most horrible of memories if I were to remember sexually abusing my daughters. I also know that DAUGHTER'S NAME was sexually abused by a person who was in our home. And I didn't protect her. I couldn't see it. I was too terrified to see it (D., p. 27-29).

Although all aspects of interpersonal relationships have been a challenge for Dorothy, sexual relating has been particularly difficult. In her marital relationship with her husband she describes penile sex as torturous. While acknowledging that she currently considers herself bisexual, the thought of actually manifesting a lesbian relationship is shameful and terrifying.

> I mean, penises are torturous to me, the same as whips and poles. It's such an extra violation to be tortured with a penis inside you. There isn't as much pain but yet a lot of pain. I don't have words for it but its the horrible, horrible feeling that I had

> when my mother fondled me in bed. I'm bisexual but the notion of sex with a woman totally, totally horrifies me (D., p. 33-34).

Dorothy's work style has also been influenced by her mother's sexual abuse. She is plagued with torturous self-talk.

> I've all kinds of work habits that are hard on me, very hard on me. I have terror of punishment (inside). She (my mother) would punish me all the time, any excuse to punish me (D., p. 31). And if I didn't do the shock on my siblings right, I'd surely get it (D., p. 8). I have a terror of being punished and it does not help you do your work well (D., p. 32).

Dorothy remains unsure of who she is as a woman and considers this uncertainty as a by-product of having lived in a highly dissociated state. According to Dorothy, she has protected herself from her feelings regarding her past sexual abuse with the exception of allowing feelings when she is involved in healing trance work. During the course of the interview, Dorothy would frequently cover her face and her whole body would tremble. She periodically informed me that when she begins to come close to the feelings of her experience, her body begins to vibrate. It's as if her body's tremors act as the forewarning to dissociate when terror is near. Dorothy has no contact with her mother except indirectly through her husband and children. Dorothy's mother denies that any sexual, physical, or other abuse occurred. Dorothy's degree of avoidance is evident when she gives away gifts that are sent by her mother and when she refuses to eat food that her mother occasionally has prepared and delivered (November, 1996).

The majority of Dorothy's professional life has been devoted to working for change for those who are left tortured, down-trodden, and oppressed by society and history. Her years in psychotherapy with two psychologists have assisted in making it safe for her to have sporadic memories of her splintered history. Dorothy readily admits that it is still a long march through the desert, "I'm not on the other side of healing yet" (November, 1996).

CHAPTER FOUR

FINDINGS

General Comments on the Findings

Few behaviours deviate from the cultural norms as much as those committed by a female perpetrator of child sexual abuse (Allen, 1990). Until recently female perpetrated sexual abuse was not considered possible and thus off-limits to study. Thus, it was rarely discussed.

> Through social custom and emotional aversion, both perpetrators and victims have felt prohibited from speaking about it (female perpetrated sexual abuse). When something is taboo, most people relegate the associated experiences to their subconscious to protect themselves from self-knowledge that conflicts with society's norms. To speak out is to challenge the rules under which society is organized. If knowledge does touch the conscious level, a person will usually maintain silence for fear of being ridiculed and misunderstood (Kasl, 1990, p. 260).

An overarching question I held during the course of this study was, How does a woman speak of a violation considered to be so taboo by the culture as that of having been a victim of female child sexual abuse? I discovered through the experiences of the five women that sexual abuse by a female is something you do not disclose. When I say you don't disclose I am referring to how all of the women seemed to have internalized the strong taboo around the cultural belief that females don't sexually abuse children. Therefore this view acted as a barrier to disclosing their experiences of female-to-female sexual abuse.

The impetus for all of these women to seek professional support did not directly pertain to them disclosing their childhood experiences of sexual abuse. The history of their sexual abuse emerged much later in their treatment. All of the women were well into adulthood before they disclosed their experiences of sexual victimization by a female. An overriding sense of the women was having been bridled with an enormous unthinkable

burden. It was a secret, that due to its cultural gravity, fell within the unspeakable realm. They all attested to carrying a secret that was perceived to be unbelievable.

The title I chose for this study, **When Women's Touch Turns to Torture,** has its origin in the descriptions of one of my participants, Dorothy. During my interview with her when I had described her experience as being sexual abuse she firmly corrected me and said that it was not sexual abuse but more aptly experienced by her as sexual torture.

> It's not sexual abuse, it's torture. Well it is sexual abuse but it's torturous abuse (D., p. 27). It was the horror of my mother's touch. This comes from a mother, it wouldn't come from your father unless he was the primary caregiver. This horrible, horrible feeling day in and day out of being touched by the one who was abusing you (D., p. 55-56). So as a child you're touched putting on your boots, taking your boots off and putting on your coat and brushing your hair. It was the same hands that fondled me, beat me, would penetrate me with all those other things (D. p. 59). Her hands were horror. Her touch was torture. And that was a lonely space (for me) (D., p. 61).

I was struck by her insistence that the horror of her experience be captured as truthfully as possible in my research. Dorothy's experience resonated with how the other participants also characterized their repugnance of being sexually abused by a female.

"Torture" as defined by Webster is, "1a. an anguish of body and mind; b. something that causes agony or pain; 2. the infliction of intense pain (as from burning, crushing, or wounding) to punish, coerce, or to afford sadistic pleasure" (Webster, 1983, p. 1246). Torture used as a descriptor seemed germane in capturing the breadth and depth of the emotional, psychological, and physical wounding and scarring that I heard these co-researchers describe. For all of the women having another female sexually victimize them was to have experienced touch in its most hideous form. Thus the title, "When Women's

Touch Turns to Torture", was born from the reporting of the women in this study. The themes that emerged from the study further demonstrate the impact that is associated with same gender sexual abuse.

Themes

Six main themes emerged from the analysis of the interviews and were common to all of the women interviewed. One participant, Dorothy, struggled with confirming that some of the themes reflected her experience. She agreed that the themes were understandable from a conceptual sense in having experienced same gender abuse but they did not reflect her felt experience. Specific themes where Dorothy reported this inability were; the experience of shame and stigmatization, the experience of self-blame and the experience of betrayal. She attributed this discrepancy to the fact that she lived her life from a state of dissociation. She reported herself to be unable to have felt emotional experiences. In spite of Dorothy indicating an inability to have felt experience, the themes did emerge from what she conveyed verbally in the interview. As a result of her tendency to dissociate, possibly she was not consciously aware of communicating some aspects of her experiences.

The themes reflect the influence of the abuse on the women's self and interpersonal relationships. All of the themes are important in understanding the experience of female perpetrated sexual abuse. The themes constitute a variety of experiences. They include:

1. Fractured sense of self-identity
2. Splintered sexual self
3. Betrayed by a significant female
4. Blamed victim
5. Contaminated self
6. Confounded relationships

The Fragments of Myself: Fractured Sense of Self Identity

Three of the women in the study were sexually abused by a female perpetrator who was in the role of their primary caregiver. The remaining two women were abused by females familiar to them. Both their abusers had been entrusted in roles of caretaking, one was a teacher/coach while the other an aunt.

Whether a co-researcher's sexual abuse occurred within or outside the family, all referred to their family environments as lacking in appropriate emotional and/or physical support conducive for nurturing a positive sense of self-identity in children. The impact of being sexually abused by a female was considered by all of the co-researchers as outside of the norm. Consequently, they were left riddled with great self-doubt as female children, adolescents, and now as women. All of the women concurred that they have struggled with feelings of confusion, disorientation and poor self identity. Morningstar notices that her identity was annihilated as a result of being abused by another female, her grandmother.

> For a child, it is devastating. Your identity is taken away because a person that is supposed to be caring for you is not caring for you, they're hurting you. And it's different between a male hurting a young girl or child. And the reason for that is because they have the same spirit. She (my perpetrator) had a woman's spirit. I have a woman's spirit. And when a woman abuses another female she's breaking that spirit in that child, because what have they got to identify with (M., p. 4). You can't identify with a woman. It really messes your mind up because you have such different feelings. When I feel like I wanted to be close to a woman, those feelings would come up and I used to think I was a dirty kid. But why those feelings came up was because that's what we had to be with our grandmother (M., p. 5). My spirit as a woman was broken and I had a hard time to have an identity as a woman (M., p. 21). No wonder I don't have a connection with me as a woman. What do you connect with? The abuse (M., p. 39).

Morningstar further elaborates that being sexually abused by women not only fractured her female identity but severed her sense of feeling connected to the earth and the world at large.

> It took my power away to be a woman, to be beautiful, to have that center that connects you with Mother Earth. To give birth you connect with the earth. Women have that power to connect, be strong and be strong spiritually. They (my grandmother and my aunts) took that away. I had to work really hard to gain that back (M., p. 22).

Each women discussed the insidious ways that childhood sexual abuse manifested itself in their unsteady sense of how they experience their lives. Some of the women discussed an awareness of being expendable at an early age. They reported adopting a mantra of, I am usable, and were easy prey to further victimization and hurt. Elaine speaks of how this expectation of herself guided her self-perception.

> In my mind as a child, if there was a conscious thought it was that I just never questioned that I was not there to be used (by someone). Do you want to use me, then use me? I didn't know any different. I didn't question it. That's what I'm about. No conscious notion that it was not something they were not entitled to do to me (E., p. 5).

Michelle spoke similarly of how she took on an identity of being usable, as well.

> I think it came too early, that I am usable and that somehow that I was acceptable, loved, when I was loose. Somehow then I got to matter, feel worthy. I got to be somebody, cause when I was 12, I was raped again too (M., p. 15).

Many of the women perceived themselves as being in many pieces. Originally this ability to compartmentalize was developed by the women as a survival tactic in order to pull through the ordeals of the sexual abuse. For some, this compartmentalization has remained a way of continuing to organize their self identity. There are those who compartmentalized by dissociating their memory recall and their emotional experiencing of the past. For most

they've continued to dissociate both emotionally and physically in their experiences of now. This numbing out intrudes and permeates many aspects of these women's lives. Elaine refers to how she separates herself into pieces in order to manage the immensity of her pain regarding being sexually abused as well as the grief around a number of other personal tragedies and losses.

> For years I would not look at my life as a lump all together. I just kind of went through it, the death, the divorce, becoming an alcoholic and all of that stuff. And trying to make sense of all of that abuse that happened in my childhood. So I would just had this locker room in my brain, where I would cut off. I would open up one locker and put in how my mother treated me. And then I'd open up my mind and put in the teacher's sexual abuse. It's like I never allowed myself to look at the whole thing (tragedies in my life). I'd just dismiss everything else there. I was very much in pieces because I could not contemplate a life filled with all of that (past sexual abuse and losses) together (E., p. 84-85).

Morningstar describes her splitting behaviour as a means of surviving the abuse. As an adult, dissociation continued and at times she was unable to consciously be here in the present.

> As a child, living with the abuse I split. I believe I was a multi (multiple personality) at a very young age. I would lose time. I would split (M., p. 11-12). I wasn't there (when she sexually abused me) I would go into the tree (outside my window) and talk to the tree (M., p. 30). I used to think, Why am I so disoriented as a woman?" I mean, when I talked to women before, I work as a counsellor, I used to hear them talk about being sexually abused by a male and there was a part of them that was still there. When I talked to them I realized that I didn't have that part. And I couldn't figure it out, why I didn't have that part of myself. And it's because of what she (my grandmother) did to me. Because that breaks you to feel special as a woman, pretty, to feel spiritually, or sexually. Nothing was there. And

> I knew it broke my spirit. It took away from me being with my children. I wasn't a part of my children's births. I dissociated during childbirth and for many years while I was parenting my kids I just wasn't there. My kids and I are really working on it now, to be one (M., p. 35).

Raven is also aware of her early experiences of splitting into multiple states of dissociation. As an adult she has struggled with managing her life around these dissociated states. She has been given the medical diagnosis of Dissociative Identity Disorder.

> I don't remember much when I was little but when I was six I remember talking to some of my alters (dissociated personalities)...My problem is with MPD (Multiple Personality Disorder/Dissociative Identity Disorder) is that I'm totally dissociated. When things got too rough (with my mother when I was little) I would ask Julia to come and take my place (R., p.1-2). Quite often in my life now my alters will do things that I don't know nothing about. I ended up in a psychiatric ward one time because one of my alters was killing cats. I had told (THERAPIST NAME) what I had done. I was in the hospital for approximately a year and in all that I only remember two weeks of my stay (R., p. 31-32).

For most of Elaine's adulthood she was unable to feel the sensation of being touched. She sees this as rooted in how she managed to cope with her overwhelming feelings during her sexual abuse.

> My coping mechanism was that my body was there but my mind was up on the ceiling, up, watching, kind of looking out for my body but the two were very separate. So I didn't have to allow my body to experience what was going on but my mind was observing. So whatever I was seeing, or hearing I wasn't part of that. I've lost the ability to actually feel touch. Like I'm aware of pressure but nothing passes through my skin. I don't feel it. And I am much improved but it's been decades. Now I'm at the point of actually recognizing why I don't allow it because I separate my body, from my senses (E., p. 9-10).

Of all of the women in this study Dorothy has struggled the most in living from an identity constructed on dissociation. During the second interview she spoke of experiencing herself as continuing to be seriously dissociated. At the time of the second interview Dorothy reported that she had been diagnosed with Dissociative Identity Disorder by her psychologist. Dissociating is a way of being in this world for Dorothy. This has left her disoriented and questioning who she really is as a woman. She said,

> I am totally dissociated from my feelings. It is just too terrifying for me to allow myself to touch feelings. If I let myself feel and speak about it then I would have to deal with the terror. I was constantly punished by my mother and in the cult for speaking or not doing it right. I was tortured for not being enthusiastic or whatever during the times when I was forced to abuse my siblings or others. Dissociating and becoming a multiple personality as a child was the way that I managed to come through the passageway intact (D., November, 1996). I was about ten when I solidified within myself the efforts to keep from going over the brink. And that meant holding it all in. You can't let it out, or allow it. The terror would come. I couldn't live with the terror so I would dissociate immediately (D., p. 7). I have spent much of my life dissociating the terror. I still do. I have all kinds of symptoms (D., p. 26). I hate being in a group unless it is for a work purpose. But in social groups I have to dissociate to be able to go. Now that I'm older I don't want to dissociate when I'm with others but I can't cope (D. p. 31). You know I just don't know who I am. Maybe I shouldn't say that. But there are times I don't know who I am (November, 1996).

My Splintered Sexual Self: Sexuality in a Shambles

Significant developmental impairment was reported by all of these women. This impairment was experienced throughout their lives in a variety of ways. Each co-researcher reported distinct experiences along the continuum of sexual dysfunction. For some of the women they have struggled with being sexually compulsive, having little regard for their

personal safety or integrity. Michelle spoke of living a sexually promiscuous lifestyle. She upheld a belief that behaving in a hyper sexual manner meant she was valuable, worthwhile, and lovable.

> I used to work for an oil company that was primarily male and I'm sure I went to bed with everyone of them. I didn't know that they were laughing behind my back but it (having sex with these men) made me feel important. I felt wanted. I was thirty at the time (M., p. 16-17).

Later in Michelle's life being sexually intimate with her husband became an onerous task for her due to her feeling she was being used by him. She felt that her emotional needs were being disregarded in their sexual relationship. In dealing with this Michelle avoided sex with her husband while she continued in an extra-marital affair with another woman.

> My husband had a real appetite for sex and I just felt that he was being too physical and I felt used by him. Literally I put a stop to it. I just wouldn't go to bed when he went to bed. It was very strange. He was very angry with me. We fought a lot. It was interesting: on the one hand I felt used by him yet I was in a relationship with another woman. It doesn't make any sense at all. But I wasn't getting any of my emotional needs met by him (M., p. 26). I met a woman through the church who was a counsellor/adult educator. Again I looked up to her (like I had looked up to my aunt who sexually abused me). I didn't feel good about myself. I admired her and I don't know somehow it (my being sexually intimate) happened with her. Deep down I knew it wasn't okay. I was married. It went on a long time for six years, about six years ago now. It was wrong (for me to be sexually involved with her). It still goes back to my neediness, the baggage I still carry around from my youth (being sexually abused by my aunt). I still feel guilt and shame. I've spent a long time reconciling that. I see myself to be heterosexual (M., p. 18-19).

Raven also spoke about seeking out compulsive sexual involvement while in a dissociated state. While doing so she puts herself in immediate emotional, physical, and health danger and is at great risk. She said,

> I have one alter (personality) while in a dissociated state takes me for walks at night to rather dangerous places and then pays people to have sex with him (a male alter personality). Right now I'm in a steady phase where I am not doing it. But that behaviour doesn't go away entirely, it seems to wait and crop up. Hopefully there's some things I can do with some of my other alters that can help. Because it's Steven (an alter personality) who's taking me out and there's got to be some way to get him happy so that he doesn't have to do that to me anymore (R., p. 21-22).

On the other end of the sexual continuum some of the co-researchers described their stance of being hyper-avoidant in regards to their sexuality. Dorothy noticed that being in a sexually intimate relationship with her husband for many years has been both difficult and at times almost re-traumatizing.

> I have a severe sexual dysfunction. I haven't had sex for two years. And before that sex (with my husband) has been always a major difficult thing to do. I hated it. I'd dissociate. I had to be in complete control, do shopping lists, plan the day, watch the clock and sometimes I wouldn't know that he was finished. Like I have bitten my hand in the act of holding back (D., p. 31-32). I mean penises are torturous to me, it's the same as whips and poles. It's a horrible, horrible, horrible feeling like when she (my mother) was fondling me in bed (D., p. 33). I can't do sex anymore. I can't do sex at all (D., November, 1996).

Even though Dorothy currently acknowledges her bi-sexual orientation, she speaks about her inability to be sexually involved in a relationship with a female friend due to her feeling a high degree of fear and shame.

> I'm bisexual but the notion of sex totally, totally horrifies me. I have a good female friend that I know that I love in the way that I love my husband, only it's this more

> intense feeling, like it would be more like what I have with my husband sexually. But there is no way I could do it (have sexual involvement with my female friend). It would be horrible. And there is no problem with commitment to my husband. (She shrieks as she states this) (D., p. 33-34).

Raven refers to her sexuality as being an experience of fear. She also notes how she perceives sexuality is a commodity in her relationships.

> She's (my mother) made me afraid of my own sexuality. It's become almost like a tool I use to get what I want. At least that's the way my mother used to play it with my dad (R., p. 20).

For Elaine, her inability to feel the sensation of touch has affected her ability to be orgasmic for many years.

> I separate my body from my senses so that I don't feel. So I never had orgasms while I was married. For nineteen years I didn't know that females were supposed to enjoy it. I didn't read any books on sexuality. So I didn't know. My husband didn't care. We were both naive or ignorant. So I didn't have orgasms and it got really frustrating and my husband and I talked a bit, but he didn't like to talk about it, so it was difficult. I never did get it (being sexually intimate) all together in my marriage. But since then, I've gone out and worked on that because I thought that's (being sexually abused by the teacher) been such a negative impact on me. I don't want to go through life never having had good sexual experiences. So I have come a long way in that regard (E., p. 10-11).

In spite of Elaine's endeavours to contend with the negative experiencing she has had, she readily admits that she continues to struggle with shame. She describes having feelings of urgency and panic when being sexually intimate. She considers this a residue that remains from being sexually abused by her teacher nearly 20 years ago.

> There's been a lot of shame associated for me in being obviously sexually aroused. It's been difficult to get over. There's a sense of shame that I know now where it

> comes from, being sexually abused by my teacher. I realized that when she was sexually abusing me and she would say "your body wants it" and she would stimulate me until I had an orgasm. So I would actually try to make it happen as fast as possible, so to get it over with. The fondling would last until I had an orgasm. So it was in my best interests to be quick. This is another thing I have not gotten over is this feeling of like, let's just get it over with. And even though I enjoy it more now, and even though it's with a male, it's actually difficult for me to not get a panicky feeling, especially if it's taking too long. If we're going to have sex then let's just do it. I don't want it to take too long. I don't want to waste the other person's time. It's something I have not gotten over (E., p. 11-13).

Elaine was not the only woman who communicated feelings of shame associated with her sexuality. All of the women reported this, although some more overtly than others. Raven describes how as intimacy develops in a relationship with a significant partner so does her sense of feeling shameful in regard to having sexual contact.

> My first relationship was with a woman who was about ten years my senior. I am a lesbian. I started out in the relationship okay, in the sense that I was reasonably sexually active and not afraid but as time wore on, I started to remember snippets of things here and there (memories of being sexually abused by my mother). I reached the point where I didn't want to have anything to do with my lover around sexuality. And as much as she cared about me, we eventually drifted apart (R., p. 23). I had pulled back sexually in our relationship because it made me feel so ashamed of myself, because anything to do with any kind of genital contact was dangerous, it's scary, it's dirty, it's wrong...and I still believe that in a lot of ways subconsciously, which is why I'm not in a relationship at the moment (R., p. 24-25).

Morningstar as well carried an insurmountable burden of shame in regard to her sexual behaviour at a very early age. As a sexually reactive child, she carried a great deal of

confusion regarding her impulse to act in a sexual manner toward other females. Morningstar speaks of this questioning her sexual identity, and her struggles in being in contact with females.

> A lot of times I used to think am I gay? I remember wanting to go and touch women's breasts and put my mouth on them. I couldn't figure out why...But I never knew why. Anytime a woman came near me who was gay I would run. I just couldn't be near her. The thought would be there. By myself I was alright, I could say, okay, why is it there? What's wrong with me? But to actually be beside a gay woman, I just didn't like it (M., p. 30-31). It's still there. I work with gay women but I don't interfere. That's not me. I do know when those urges came as a child, I did not understand because it was such an automatic thing. As soon as she (my grandmother when I was a child) came into the bedroom that's what I did. Because I was so scared. That wasn't me. That wasn't me as who I am now. I got a choice now and that's not what I choose (M., p. 32). When things got mixed up for me because my relationships weren't working I'd think, maybe I am (gay). I'd think, what's wrong with me? But bits and pieces were coming back. And I started to realize, it had to do with my background. It took me a long time to sort out myself (around my sexual orientation and identity) (M., p. 33).

Other co-researchers spoke of their insecurities in regard to their sexuality and their sexual boundaries when they are in the company of other women. Elaine refers to grappling with these concerns.

> I was 38 years old and a female friend of mine moved to Kelowna and she said, "Let's get together and meet in Banff and we'll spend the week-end". Well, sure, great, let's do that. We're both married, both have kids, both are you know are like friends. I'm all for fun but then I get thinking, "God, what if she does something sexual, what am I going to do?" So I talk to my doctor and tell him I'm going to Kelowna but I'm really worried about what if something happens where my friend

wants something sexual. And he goes, "Say no, you're not interested" (laughs). Like it was a total shock to me. I said to him, "I can't do that". It hadn't somehow registered in my mind that (I could say no). In the past I would have avoided situations where I'm alone with a female. I actually didn't know I had options. But it worked. I'm okay but I am anxious, an uneasiness all the time when I'm with women (E., p. 33-34).

Betrayed by the Unthinkable One

The women in this study all expressed that trust had been betrayed in their relationships with the women who had sexually offended them. Whether the perpetrator of each of the women was a family member or not, all of the women trusted their offenders when the sexual perpetration occurred. Michelle is baffled and angry at how her esteemed aunt could sexually assault her.

Back then I really looked up to her. I remember envying her because she was smart and was admired by everyone in our family. I hate her desperately now. I consider her to be the biggest phony of all. Nobody else knows about her sexual abuse of me. I had the occasion to speak to her a couple of weeks back. She traveled through Edmonton and was staying with another one of my aunts. She got on the phone and I just couldn't believe she had the audacity to talk to me like nothing's ever happened. I felt like saying, that I know what you did to me as a child (M., p. 3-5).

I've so damn much rage against her. I can't get over how much I hate her. I want to tell her that she got away with an awful lot for a very long time especially with sexually abusing me, and the family still thinks she's a saint, you know they think she's so wonderful (M., p. 31).

Michelle also speaks of the rage she has toward her mother for fracturing the physical and emotional boundaries of trust in their relationship.

The betrayal by Raven's mother continues to be present for Raven in her life in the form which she refers to as gifts. She perceives these gifts to be the self-destructive

behaviours that she has adopted in order to deal with the aftermath of the sexual trauma by her mother.

> I used to write and keep a journal as a kid...I wrote mostly about how much I hated my mother for doing the things she did to me (sexually abusing me). From all of her sexual abuse of me I really had a desire to end her life (R., p. 11-12). I've been hospitalized many times, the biggest point being for suicide. That's another "gift" left over from my mother (R., p. 34). I loved my mother and I wanted to be with her but the only way I could be with her was to do it sexually (November, 1996).

For Morningstar having her grandmother who was her primary caregiver sexually abuse her was the utmost betrayal of trust. Her grandmother's manner of manipulation in having her believe that her mother was her perpetrator felt like she was twice deceived.

> For a child it is devastating. Your identity is taken away because a person that's supposed to be caring for you is not caring for you, they're hurting you...And when a woman abuses another female she's breaking that spirit in that child (M., p. 4). Being sexually abused by my uncles took a lot away from me. But the bigger part is that my grandmother's sexual abuse took more. For me it killed me. Good grief, no wonder I don't have a connection (to myself as a woman) (M., p. 38-39). When she would sexually abuse me she would say my mother's name. She would say, "Look what your mother did to you". So for years I thought my mother was doing that to me but my mother was sick in the TB hospital. It was actually her. There's a way when a woman comes toward a child...They (females) have this real sweetness and (my grandmother would approach me in that way) and that's when the sexual abuse would happen. So for years I couldn't go near women who had that kindness (M., p. 1-2).

As a child Elaine sought solace and an improved self-esteem through her achievements at school. Elaine's home environment seemed to be sorrowfully lacking in

providing for her physical and emotional needs. Elaine considered the sexual abuse by her teacher as unthinkable.

> I wasn't particularly popular. I was very academically inclined and I did really well in school. I had very low self-esteem and a lack of confidence. I felt I was a very ugly and a really stupid person (E., p. 2-3). There was physical and emotional abuse in my family. So when my teacher sexually abused me, it was confusing. I actually started to wonder like I don't want to tick her off because I valued my marks. Like she was going to teach me for the rest of the year (E., p. 7-8). Like I was worried about my marks and worried that she would actually fail me (E., p. 15) School was the one place that I got rewarded and where I was considered good. It was so important to me and she took that away (November, 1996).

During the second interview with Dorothy she did not perceive her abuse as a form of betrayal. She attributes this to not having any memory of her mother other than evil. Dorothy had no memory of being loved by her mother. She asserted that she couldn't have experienced betrayal as she never had an expectation that, "my mother could be anything but all black and evil" (November, 1996). Dorothy's experiences of dissociation may possibly have influenced her inability to validate this theme. What is of most significance is that of all the co-researchers Dorothy by far experienced the most extreme maltreatment. Her experience of her mother was different than the others. Her trauma was compounded by her mother's sexual abuse and torture and the torture she witnessed and experienced in the cult. In spite of Dorothy's inability to consciously validate her mother's betrayal during the second interview, references taken from both interviews certainly point to the ingredients of a betrayal. Dorothy's reflections highlight the horror she experienced while being in daily contact with her mother.

> The word "mother" to me is just so horrible. There are no words for the terrible feelings that "mother" brings up for me. I was touched by the very hands that tortured me. It makes me nauseous to think that I was breast fed by my mother. I

> have not allowed myself to touch any of those feelings since I am so dissociated from my feelings (November, 1996). My mother was all bad. There was no question. Like some people get incredibly confused and it's insanity making to have someone who truly loves you do these things, and which you truly think loves you. But I was never under any kind of illusion like that or any kind of confusion. My mother was awful and my father was basically good and loving. I think that sharp line at least that is my private theory anyway, helped me to have a very sharp line and a very strong ability to dissociate (D., p. 25). All the time I must see, hear and be touched by the "no love" presence (my mother). It's like forcing opposites together. There is an enormous awful feeling inside of me from every day seeing, hearing and being touched by the terror-giving, pain-giving, awful horrible-giving "no love" presence (my mother). It's like living with maggots and tarantulas in an outhouse pit (D., p. 49-50). But this horrible, horrible feeling of day in and day out being touched by the one who was abusing you (D., p. 55).

Some of the women expressed experiences of betrayal in other relationships. This betrayal was particularly in reference to people who they believed should have recognized the signs of their being sexually abused. Elaine discusses how her parents were blind to the warning signs that she was being sexually abused while her teacher resided in their family home.

> We would stay in bed on the weekends til two or three in the afternoon, like how could they (my parents) not know something was wrong...When we'd come out in the afternoon, there'd be a kind of silence...I just felt we were being watched but it wasn't discussed and it wasn't dealt with (E., p. 27-28). I actually avoid my parents now because I think they knew and know now (E., p. 17-18).

Raven speaks of how she felt abandoned by her father, both as a child and as an adult, due to his refusal to believe her disclosures of being sexually abused by her mother.

> I started telling him and he told me it was a lie and he slapped me. So much for talking to my father about anything that was going on. He still doesn't believe it to this day. He keeps telling me I'm a victim of false memory syndrome (R., p. 7-8). It sticks in my mind that was a turning point for me with both my mother and my father. I now knew that I was truly on my own. I hated both my mother and my father for that and I was around six at the time (November, 1996).

My "Self", You are to Blame

Most of the women in this study spoke of blaming themselves for the sexual abuse they had experienced. Since female perpetrated sexual abuse falls outside the norm of the more frequently reported male perpetrated abuse, many of the women struggled with reconciling their unique out-of-the-ordinary experiences. Michelle explains how she blamed herself in order to make sense of what she had experienced.

> I really looked up to her. I just felt that I was the one who was wrong, I guess. Like I knew, I had the sense it was wrong but I had a sense it was my fault. It was my fault because I'm the one who came from the crappie background. I'm the one who was needy, who needed to please, who was so weak kneed. Like I just had no sense of personhood. I just am wrong, bad (M., p. 5-6).

Morningstar speaks of how her experience of self-blame was related to the manner in which her grandmother sexually abused her.

> My grandmother had it (how she manipulated me into believing I was to blame for the abuse) down to a tee. I would always feel that I was bad. I was wrong. I was to blame. She was a manipulator to a tee (M., p. 15).

Morningstar continued in a cycle of punitive self-blame. She often physically punished herself as a child when she behaved in a sexually reactive manner. She describes how she blamed herself after being sexually re-victimized by a nun in a residential school. She did not disclose this sexual abuse since she believed it was her fault.

> I didn't tell anybody about the sexual incident with the nun because I was afraid that I started it. I was to blame (M., p. 51). There was a part (of me) where I would just grab and do it. It was an automatic thing (that I would try to sexually touch others) cause that's the way it was with my grandmother. As soon as she'd would come into our room I'd have to touch her private parts. You can imagine what happened for me at the convent like, how do I act? I knew how to act in my grandmother's place. I was programmed. So how do I be a person there (at the convent school)? And I would try to stop myself by punishing myself. I'd be so scared of what I was doing that I'd hit myself and call myself all kinds of horrible names. I thought I was to blame for wanting to touch women in a sexual way (M., p. 52-53).

Elaine believed that she was responsible for being sexually abused by her teacher. This belief hindered her ability to reach out for support. It also thwarted her ability to disclose to her father even when he specifically asked.

> My dad actually came home and asked me one night. He said, "Elaine, is there anything going on (sexually between yourself and your teacher)? Is there any truth to those rumors?" And, he said "If there is, tell me". There was my chance. I was so shocked to find out it was really wrong and I didn't want to admit that I had done something wrong, like I felt that it was my fault. I was to blame. I was so ashamed so I couldn't admit it and then that meant I had to keep doing it (being in a sexually abusive relationship with my teacher) (E., p. 16).

Elaine conveys the conflict she experienced when assuming responsibility for her abuse. She continues to wrestle with the knowledge that she was around 16, the age of legal consent, when the sexual abuse occurred.

> I think it is in the law that it's consensual if you are sixteen years of age but it's not consensual under sixteen. I feel like I was probably sixteen so even legally I'm responsible. Like I am an adult and I was in that relationship and it's my fault or

somehow it's my responsibility (E., p. 19-20). I still feel I am to blame. I feel that I should have figured out how to get out of it (November, 1996).

Dorothy's reporting of self-blame is distinct from the other women. Understanding Dorothy's concern regarding self-blame is not about her being sexually abused by her mother but rather how she was forced to sexually and physically abuse her siblings. She describes how she remembered abusing her siblings but did not recall it occurring under her mother's threat.

> I remembered before that I had abused my siblings on my own and that was horrifying. I had abused them before they could talk. But I hadn't remembered that she made me do it to them. So after knowing that my mother forced me to abuse my siblings helps me but before that I hadn't known. It was terrible feeling I was to blame for their being abused (D., p. 8-9). I have hardly touched those feelings. It's horrible knowing what I did (November, 1996).

My Contaminated Self: Shame Sets Me Outside of this World

Profound shame was an experience common to all of the women in this study. Michelle refers to her pervasive sense of shame and how this shame blocked her from seeking professional help sooner. She also refers to experiencing shame while participating in the research interview.

> It was really, really hard (to disclose being sexually abused by a female to the pastoral counsellor) because it was sexual stuff and that is always bad. I tried to tell him, the counsellor what had gone on (with my aunt) and my fear was that he was going to blame me as well, and see me as bad and reject me. And I already had invested trust in him and if I was going to be rejected, it was really my last straw, like I was out on a limb. It was all or nothing. I had been struggling with my sexuality. I felt so much guilt and shame. It says that I am the one to blame. It is my fault (M., p. 13-14). But I still don't feel good about sharing my sexual history and even about how I feel about myself non-sexually. I feel like I let myself be used

> sexually. Well I say I let myself, I didn't even know I was being used and somehow it all goes back to the beginning when I felt used (M., p. 30). It was hard (to share with you, the interviewer about my experience of being sexually abused by my aunt). I don't like sitting face to face telling anybody about the things that I have done and my sexual abuse. The guilt is still there (M., p. 50).

Dorothy also referred to how her feelings of shame blocked her ability to talk about her mother's abuse in psychotherapy. Her shame and fear were so great that initially she would ask the therapist's permission to speak of the sexual abuse of her mother and the cult. She readily admits that due to her tendency to cope by dissociating that she has not allowed herself to experience most of her feelings beyond fear.

> It took me a long time before I stopped asking permission to tell her (my psychotherapist) the incredible things that happened to me with my mother and also in the cult. It's hard to talk like that. It was so terrifying but also I had shame (D., p. 43-44). For the most part I am so totally dissociated from my feelings that I have not allowed myself to experience those feelings of shame and contamination so I have a ways to go in my healing yet (November, 1996).

Shame is an intrusive bedfellow in Raven's life. She speaks of how her sexuality is a reservoir of shame.

> I feel ashamed of myself because anything to do with any kind of sexual contact was dangerous, it's scary, it's dirty, it's wrong. I still believe in a lot of ways, subconsciously, which is probably why I'm not in a relationship now at the moment (R., p. 24-25).

The experience of shame for some of the women was manifested in their belief that they were somehow contaminated and different as a result of their abuse. Many demonstrated this sense of contamination in varied experiences of self-hate. Elaine illustrates her belief that she is toxic and speaks of the agony and loss.

> For the longest time I have felt this way and it's still probably there. I have this feeling that, my insides are poison. Toxic is the word. I believe that Stephanie (my daughter) stayed inside (my womb) for almost the full nine months (of my pregnancy). She was three weeks premature. But Stephanie staying inside that long, she was defective in some way due to this. And my twin boys were toxic when they came out at birth because they were ten weeks premature and of course they have cerebral palsy. I feel like my daughter is dead from the aneurysm and my boys are handicapped because of what I let TEACHER'S NAME do to me. It is just the most awful feeling to have your insides on the inside and you're on the outside and you want to strip them all out because they are toxic (E., p. 49-50).

Elaine elaborates further on her feelings of contamination. She describes how her abuse has resulted in her feeling outside of the human race, and outside of this world. She also speaks of her belief that she could potentially contaminate the planet.

> I feel like I'm very much outside of everybody else. Like I actually feel outside of this world, like I actually don't belong to the planet somehow. So I wonder do I deserve to take up space here, should I be breathing the air, like, should I just disappear. It's much less than it was in the past (E., p. 51-52). After my daughter died I was suicidal. There is a burial plot right beside her and I believed my insides are so gross that I didn't actually want to be buried beside her, because I didn't want it (me) to seep into the earth. I had this real self-hate (E., p. 59).

Morningstar ponders her current experiences of battling with the presence of shame and self-hate in her life.

> Love never entered from my mother or my caregiver (my grandmother), so when I am stressed then I have a hard time letting love enter for myself. I do to myself what she (my grandmother) did to me. I can't love myself, all I have are self-hate and shame. I have nothing from my caregiver my grandmother that was loving, it was all physical and sexual abuse. As a child my experience was helplessness. I

have nothing to fall back on when it gets rough out there but "no love", anger, self-hate, helplessness and shame (November, 1996).

Raven as well is aware of how she feels different than others as a result of her experiences with her mother's sexual abuse.

I felt like I had an illness. I feel that I am contaminated because I was abused by my mother. I have to work on this one. It's almost like I feel transparent at times and that somehow people can look inside me and see that I'm different, like they can see all my shame, pain, and hurt (November, 1996).

Feelings of shame act as a barrier for Elaine in her relationship with others, particularly with her parents.

I am always worried that when I go down to visit my parents that they'll say something and I still think here I am, forty-five years old, and the thought of saying it (that I was sexually abused by my teacher), is just so shameful to me. I am so afraid that they would ask why I let it happen to me. It's something I am so ashamed of. So I'm not by any means recovered from this where I can talk about it (E., p. 19).

Raven has similar experiences of shame acting as an impediment in her feeling comfortable to talk with her sister about being sexually abused by their mother. In spite of this supportive relationship, personal shame stops her.

I have not been able to talk to my sister about my mother's sexual abuse of me (R., p. 16). She's aware now that I was sexually abused but I just haven't been able to get it together to talk to her. I am so full of shame and so embarrassed (November, 1996).

My Confounded Connections: Disconnections and Disruptions in Intimate Relationships

All of the women in this study spoke of experiencing disruptions and difficulties within intimate relationships. Their interpersonal problems were manifested in a myriad of

ways. The women spoke of maintaining a universal mistrust of people and relationships in general. Michelle speaks of how she systematically evaluates the types of people she meets as a self-protecting strategy.

> I suppose there are many different types of personalities that I am very conscious of, people in authority for one, I'm very careful of. Then there are the angry kind of personalities or aggressive type of people that I'm very afraid of as well (M., p. 34).

Raven also admits that relating to others is difficult as a result of mistrust.

> I basically don't trust people. I guess that is a pretty common experience for those of us who have been abused, but I got that one bad. I don't trust people at all. She (my mother) has made me afraid (of others) (R., p. 20).

Elaine's level of mistrust in relationships is so pervasive that in order to cope with her anxiety she needs to logistically plan and take control to avoid life surprises.

> I've been told by more than one person that I'm a very controlling person. I plan, I have everything planned. Like if I'm going with somebody to do something like I want to know the agenda, like what are we going to be doing. I'm the controller. I do not want to be under anybody else's control, so I will take control. I was so long being the victim and under somebody else's control that I want to call the shots. I want to know what's happening before it happens. I lack trust in others and I want to make sure I can go into a situation and I know what to expect. There's not going to be any surprises (E., p. 31-32).

Elaine conveys how this mistrust has affected life and discusses her sense of isolation and loneliness.

> I just can't do the friend thing so I have given up on it. I just can't handle it. I can't deal with people being important to me. It's too painful. I kind of decided to screw it and do the Zen thing. I'll do it internally by myself. I just don't let friendships happen...I seem to pick up neglectful people when I do get into relationships. I

> can't show hurt in relationships. I change in relationships. I get lost in them. I'm either very disagreeable or overly agreeable...I don't have the rule book on relating. It just doesn't make sense (to me how to make and maintain relationships) (November, 1996).

Morning star is aware that for many years her difficulties in intimate relationships were due to her choosing partners who re-victimized her emotionally, physically, and sexually.

> I just got with a man who was just like my aunt and my uncles and my grandmother in how they physically and sexually abused me. I don't even know what he did to me because I dissociated. He used to hurt me badly, sexually and stuff. He was very abusive. It was my first marriage. This is my fourth marriage now, and the last. I went from one abusive relationship to another with not understanding (M., p. 53). My third marriage was a very abusive relationship and I ended up in a women's shelter...I had to hide (from my abusive spouse) for a year and so I went to live in a protected place in TOWN NAME (M., p. 65-66).

Dorothy recognizes how fear obstructs her ability to be both present and intimate in her relationships. She describes how she became aware of her fear of being with her sister. She is cognizant that her fear of relationships is linked to her experience of being abused.

> I feel as if it's impossible to spend that much time alone with my sister. I imagine seeing her, greeting her, having a meeting together. That would be manageable...I feel like I'm needing to protect myself from her. It's not at all rational...It's so deep this feeling inside. It's so fundamentally woven into me this feeling (of fear), at an early age. It's like a fundamental fear, a fear in the life force of each cell (in me). She is my sister, whom I love and tried to protect. She triggers my fear of danger... My sister wants me to be like a mother to her and that scares me alot. "Mother" is about being in the experience of "no love". My mother was that to me. I am alive after the pain but I know more of "no love". "No love" got

into me more. Life for me has times of "no love" and times of the fear of "no love" in between (D., p. 48-49).

Dorothy further reflects on her struggles of becoming close to others in her relationships.

I am fickle. I notice that just as soon as I begin to get close to somebody I start to distance. I see it as a pattern for me. In the past it really confused me. I question how it has impacted my marriage (November, 1996).

Dorothy's fear and mistrust of others also impedes her ability to handle most casual social situations. She said,

For social groups I have to dissociate to go and now that I'm older I don't want to do that, dissociate, but I can't cope. For years if I did make myself go to one, I'd hide in the bathroom for a while, to get a rest. Sometimes I'd talk to just one person (D., p. 30-31).

For most of the women in the study, they specifically commented that their relationships with other women had been disrupted as a result of being sexually abused by another woman. They noted that their capacities in relating with females were characterized by cautiousness, carefulness, mistrust, avoided, and for one person almost non-existent. Michelle remarks,

When I am around women who are tender and caring, I am very cautious. I don't trust women easily (M., p. 34).

Morningstar notes that she also has feelings of distrust with women who display tenderness and kindness. She is aware of her heightened anxiety when she is in the company of lesbian women too.

There's a way when a woman comes toward a child and I hate it. I see it in other women. They have this real sweetness as soon as they come near you. And that's when the sexual abuse would happen (with my grandmother) (M., p. 3). Anytime a woman came near me that was gay I would run...I used to think, what's wrong

with me? To actually be beside a gay woman, I just didn't like it. Those feelings of fear are still there, now. I work with women who are gay but I don't interfere. That's not me (M., p. 31-32).

Elaine upholds an intense mistrust of female relationships and copes by maintaining a posture marked by a hyper-vigilance and rigidity. She, at times, has completely avoided female contact. She divulges,

> I don't have female friends...when I say I don't have so many female friends I mean I keep my distance all the time. There's always kind of a wall up and then more of a reserve (with me). I have an act that I do with female friends where I take turns with respect to making phone calls and make sure I phone females at a certain time so that I don't lose them out of my life. I don't have that internal thing that says, "Gee, I sure miss so and so and I'm just going to phone and see how they are" (E., p. 34-35).

Elaine remarks on her significant fear of revealing any vulnerability when in the company of women. She poignantly illustrates this as she tells the story of preparing herself to manage both the physical and emotional support that would be forthcoming from female family and friends following the sudden death of her 14 year old daughter.

> I would never cry in front of a female. Even when DAUGHTER'S NAME died I remember finding her dead and that afternoon I was lying in bed and I was going through practicing for the funeral so that I could desensitize myself so that I would not cry in front of my parents and people. That vulnerability to a female is not acceptable (for me). I don't allow that. This makes a friendship kind of difficult because you can't talk about something like a regular person. I can't kiss. I don't do that (E., p. 54-55). During the time of my daughter's funeral I had hundreds and hundreds of people hug me over the four to five days. I couldn't make sense of all the hugs. I just numbed out. I feared physical touch would trigger my feelings of being vulnerable at that time. That to me was a novel thing because like I just hadn't

> ever known hugs to be non-sexual. I didn't ever get hugs from my parents or anybody. So the only hugs I ever had were sexual. I started to think that's normal and it's non-sexual, and it's good. So in time I've worked on it allowing hugs from females but I don't initiate them often (E., p. 38). So I've lost, in my view decades of friendships with females. I suspect that I'm not experiencing relationships with females as normal like a woman who hadn't had my experience (E., p. 82).

Impaired relationships with children was an area of concern for the majority of the women. Most of the women spoke of this in regard to their parenting. Raven, who has no children is acutely aware of her discomfort when in close relationship with children.

> I think my relationship with kids has been effected as a result of the sexual abuse by my mother. With kids sometimes I have an impulse to hurt them and I'm not sure exactly why. And I don't mean hurt them physically because I don't do that kind of thing but, I found that when I was around kids for too long, I ended up being very aggressive and very rude. I would start having the same tone in my voice like my mother had, and I don't like that very much (R., p. 19-20). I have looked after lots of children. Once when I was living with my ex-partner she had children and during those times I did act as a parent . There were times when I was terrible. I would yell at the kids and send them to their room. I realize I have this part to be a good parent within, but I also have that bad parent side as well. When I'm not in my good parent then I just avoid children. I realized after I left the relationship with my ex partner how messed up my relationship was with the kids (November, 1996).

Morningstar is painfully cognizant of how her abuse impacted her ability to bond with her children. She notes that this began at childbirth.

> It broke my spirit as a woman and took it away from me. It took away from me to be one with my children. We're are really working on that now to be one (M., p. 35-36). I wasn't a part of the birth of my children, when they were born. I just

> numbed and I split. Of course my grandmother would put water bottles up our bums. And a woman has the same spirit as you. And then I give birth, and she's (my grandmother) been stuffing things in me. What is it like then to give birth? It's worst when a woman does it to you, there is no connection, it's breaks that connection with being whole, being part of childbirth and connecting with your children (M., p. 40).

Morningstar became seriously concerned about her ability to parent safely and appropriately due to her tendency to dissociate, experience periods of memory lapse, and black outs. She remembers being fearful that she was sexually abusing her children during these times.

> When I had my first baby I would black out really bad. And I was afraid I might hurt her, so I went to my family doctor and told him what was happening. I told him I need help. I didn't know where to go cause by then I was off the reserve with the kid's father, and he was way older and it was a chaos relationship. The doctor sent me to CITY NAME to HOSPITAL NAME psychiatric unit (M., p. 56)....At another time I went back to the same doctor and told him it was still happening (experiencing periods of black outs) and I was scared I might be hurting my kids. I don't remember months from days...I'd remember I'd get up and I would feed them and the next time, the house would be clean and a whole week would go by and I wouldn't know what I did. And then immediately I would check the kids. I would check their vagina. I would check them all over to see if I had hurt them. I realized that I never hurt them in that way (M., p. 58-59).

When parenting her infant daughter, Elaine also reports having a hyper-vigilant attitude. The physical and emotional remnants of having been abused began to infiltrate her experience. She questioned the manner in which she interacted with her newborn, and whether she was being sexual. She said,

> In those six weeks or so (of my daughter's first weeks), I was snuggling and holding her, singing to her and dancing with her. I'm her mother, doing the mother thing. And then I would start to question, like gee is that okay to play like that? I wondered if it was okay to hold her so much like that. I thought, well how am I going to figure this out? I did this for twelve years virtually, is that I would make sure whenever I held her I would go through periods of time where I would check to see if I am being sexually aroused. And I didn't know but I thought that maybe it was normal (to monitor my being sexually aroused or not). It was the only thing I could think of to do to guide me how I should interact with my kid. And I never was sexually aroused, so that's a good sign, I guess. I know, I checked (E., p. 43-44).

Elaine judges her parenting style to be abnormal and grieves that her daughter was impacted by her past legacy of abuse.

> Why would one do that, like that's not a normal kind of thing to be doing. It's an odd way to be relating to your kid. I imagine other parents who weren't abused wouldn't do that, try to analytically figure out whether it's okay if you hug your child. They don't question the motive. For me that's another consequence...I don't know what impact (my behaviour) had on my daughter, for instance my questioning myself. Like whether it was (experienced by my daughter) as an unnatural, freak-show kind of love or not...Even the last night (of her life) I gave her a last hug and I was checking, and checking. To have that abuse marking her whole life [crying], not as severe as mine but still, this is related to my being abused by a female (E., p. 46).

Elaine has experienced the ultimate impact and loss as a parent. Following her daughter's death, Elaine decided to leave her marriage and no longer act as the primary parent to her two physically challenged sons.

> I actually don't live with my kids anymore, so they've been abandoned by their sister (because of her death) and me. No wonder my one son is cynical. He has some damage to his right side and his twin brother is in a wheelchair (E., p. 55).

Dorothy's relationship with her daughters have also been affected. Dorothy outlines how she has perceived herself as a parent.

> The main symptoms are I have been very distant, critical, and controlling with my children. I wanted them to be taken care of, but I always wanted it to be someone else. For me (parenting) was a task...I would rather be doing anything but parenting. My kids have been emotionally abused by me...I was so controlling, incredibly controlling. I had a terror of not being under control. I was rough, with DAUGHTER'S NAME. I would be screaming and they had to be quiet, all quiet. Quiet was the number one thing that my mother passed on (D., p. 29).

Dorothy spoke of the avoidant posture she tried to maintain in her relationship with her children as they were growing up.

> When my children were growing up I would plan to be away in the evenings when they were home. I didn't want to be near them. I found it difficult. I don't do that in my relationship with them now (November, 1996).

Dorothy is distressed at the thought that she could have potentially sexually violated her daughters. On the one hand she alleges a firm conviction that she has not sexually victimized her daughters but at times she questions.

> I don't remember actually abusing my daughters, like physically or sexually beyond being rough (D., p. 29). I do sometimes think about it though since I am so dissociated. I don't believe it happened but if I found out that I did sexually abuse them that would be the most horrible thing to find out and for me to deal with (D., p. 65).

Dorothy speaks of faltering as a parent. She regrets that her feelings of terror blocked her from seeing the signs of her daughter's sexual abuse.

> My daughter was sexually abused by a person in our house. And I didn't protect her. I couldn't see it. I was too terrified to see it...I wished that she'd have shown signs but I was too terrified to see. I couldn't see anything like that. I wasn't able to cope (D., p. 29).

Surviving "When a Woman's Touch Turns to Torture"

Escaping the Pain

To escape the pain associated with their abuse all of the women reported employing self-defeating survival strategies at various times in their lives. Suicidal ideation (Dorothy, Raven, Elaine, Michelle) was common to most of the women. Dorothy comments on her experience with being suicidal.

> I had tried to disclose to an uncle, nurse, priest, and my father but no one believed me. I attempted suicide a couple of times. Once someone stopped me from jumping off the NAME bridge. They had said to me, "Things can't be that bad." I was suicidal when I was a teenager. As an adult I would feel suicidal whenever I experienced the greatest pain. Being suicidal was a way to protect myself (November, 1996).

Dissociation (Raven, Morningstar, Elaine, Dorothy) was utilized in varying degrees in an attempt to find refuge in internal worlds. A few engaged in violent (Raven) and acting out behaviour (Morningstar) as well. Raven self-mutilated, cutting herself with razor blades.

Addictive behaviour was exhibited by a couple of the co-researchers in the form of alcohol (Raven, Elaine) and drug abuse (Raven). Raven reflects on her substance abuse.

> My mother was an alcoholic. She also fed me alcohol (as a child) to keep me quiet. I came out the other end with a humongous drug problem, which I have overcome. I used illicit drugs. I also was getting into abusing my prescription medication too. A year ago I went to NAME OF DRUG REHABILITATION CENTER and sorted that out (R., 4-5).

Morningstar spoke of throwing herself into a compulsive work style that contributed to her exhaustion and resulted in her being hospitalized a second time.

> Once I started to talk about some of the traumas that had happened to me, it was as if it was too much, way too much for me to deal with all that pain. I coped by trying to hide away in my work. I was working all the time. I finally collapsed and ended up a second time in the psych ward. I really didn't know what else to do but try to get away from all that hurt (M., p. 35)

Befriending the Pain

All of the women in the study accessed resources to soothe and heal from the trauma of their abuse. Some of the resources were self-initiated or internal while others were external. Self-initiated or internal resources were those that the women discovered by themselves and from within themselves. External resources were supports they found in relationships and in accessing psychotherapy services.

The internal or self-initiated abilities were varied and numerous. Developing an awareness of active association versus dissociation was employed as a helpful resource by a number of the women (Elaine, Morningstar, Dorothy). Cultivating an attitude of personal appreciation and openness towards themselves was of healing benefit to Michelle, Elaine, and Morningstar. Simply accepting her history of having been a recipient of female perpetrated sexual abuse was useful for Morningstar. Spirituality in the form of attitudes, beliefs, meditation, and prayer was a great source of strength for Raven, Morningstar and Michelle. Writing in the form of journalling (Raven) and non-dominant hand writing (Dorothy) was also bolstering. Individually the women employed unique strategies of support for their healing and these included: self-hypnosis/trance work (Dorothy); reading (Elaine); soothing self-touch (Raven); education (Elaine); music (Michelle); nature (Dorothy); setting boundaries in relationships (Elaine); drawing and sculpture (Dorothy); challenging destructive self-talk (Michelle); and reporting her sexual abuse 20 years later to the police (Elaine).

External resources were reported by the majority of the women. For Raven, peer friendships, her relationship with her father as a child, and the belief and support of her sister have been sustaining. The nurturing presence of Morningstar's grandparents, along with their aboriginal healing practices were experienced as lifesaving. She also found that being a participant in a self-help group was advantageous. Michelle discovered that the mutual story telling in a self-help group was of particular benefit to her healing process. Dorothy's relationship with her father was a source of hope and validation. The positive relationship she had with the family housekeeper when she was growing up was also helpful. Elaine did not make particular reference to supportive others in her process of healing from the trauma of being sexually abused.

The Quest for Help: Through the Quagmire of Helpers

All of the women in the study sought support from many helping professionals in a myriad of disciplines. Their experiences were varied but there were some commonalties. Following are the highlights of these similarities and also included are some of the unique aspects of the experience of seeking professional help.

The impetus for seeking professional help by all of the women was not necessarily to focus on being a survivor of female perpetrated sexual abuse. All presented in psychotherapy for a variety of different reasons. Michelle entered therapy looking for support regarding her difficulty in conceiving a child and marital problems. Depression and grief over her mother's death were the initiating factors for Raven. She has re-engaged in therapy over the years for at risk behaviours while in a dissociated state and for suicidal ideation. Morningstar's motivation was her fear of potentially acting in a harmful manner toward her children. Her suffering from blackouts contributed to her fear. She later returned to a number of helping professionals to process spousal assault and emotional burnout. Grief over her 14 year old daughter's sudden death was the catalyst for Elaine. Dorothy was not specific in regard to her initial reason but spoke of her inability to cope. She later engaged in psychotherapy due to relationship problems with females.

Trust was of pivotal concern for all of the women. Michelle discusses her process of assessing trust with a helping professional.

> What I think is important is the whole issue of trusting them when I first go to a professional, it takes a while to feel out the trust level, and whether I can tell my story of not (M., p. 8).

Raven also comments on how her ability to trust was of paramount importance when she first disclosed that she had been sexually abused.

> It was amazing that I was just able to trust her enough to be able to talk to her at all. I mean I hadn't, at that time, talked to anybody about my mother's sexual abuse of me (R., p. 40).

Morningstar, as a First Nations woman, was aware of how she postponed seeking assistance for herself since most of the helping professionals in her vicinity were non-aboriginal. She spoke of her lack of trust in non-aboriginal helping professionals.

> I didn't disclose anything to anybody because I wanted a therapist like my grandma and grandpa. Therapists I knew of played with your mind and they had no right to play with your mind. I did go but the reasons I didn't go earlier was because of that. They (the therapists) were white and I always looked for people like my grandparents who unconditionally loved and knew how to be with you (M., p. 62).

All of the women in the study had been to a number of professionals including a pastoral counsellor (Michelle), shelter worker (Morningstar), psychologist (Dorothy), counsellor (Raven), and a family doctor (Elaine) before they finally disclosed that they had been sexually abused by a female. There were a myriad of ways that the women went about disclosing their childhood sexual abuse. Two women disclosed their abuse to males the first time (Michelle, Elaine) while the remaining women spoke to females (Raven, Morningstar, Dorothy). Some initiated the disclosure (Michelle, Elaine, Morningstar) while for others the therapist' astute observations and/or questions (Dorothy, Raven) assisted in

bringing their painful abuse to the fore. Regardless of how the abuse was disclosed, it was difficult for each woman. Michelle addresses the many fears she experienced at that time.

> It was about twelve years ago I saw this pastoral counsellor, he's a priest, and he's the best thing that ever happened to me. I'm sure I wouldn't be here if it wasn't for him. He was very accepting, helped me see the whole of my history in context. It was there that I first disclosed what I thought about my aunt. It was really, really hard. It was the sexual stuff and that is always bad. In trying to tell him, my fear was that he was going to blame me as well, see me as bad. I had already invested trust in him and if I was going to be rejected, it was really my last straw, like I was out on a limb. It was all or nothing (M., p. 12-13).

Elaine is cognizant that for many years her severe degree of shame impeded her from seeking the professional support that she required to deal with her abuse.

> The reason I took so long to talk to people about the sexual abuse in general but this teacher in particular, was I felt like I don't want to mark other people and make them, that poison in me, that toxin is in me, that shame. And, by telling someone, with that inside me spreads the toxin. I just don't want to mark other people. I used to think that there was only the teacher and I that knew about it. And I thought well as soon as we died, the poison will be gone from the earth. So that's still there in me (E., p. 59-60).

Elaine describes her struggle to finally disclose her abusive past. It took her family doctor's direct questioning for her to divulge her story.

> I had gone to see my doctor since I was having a hard time around Christmas with my daughter's death. So we started out light for the first four or five minutes and it was kind of background stuff and then he outright asked me if I had ever been sexually abused. And, I actually collapsed. Like I had never, prior to that, told a soul. That's not true, I had told my husband about the female and my brother, briefly, just what had happened. It took me some time to get to speaking about the

sexual abuse by the teacher, but I started out talking about my brother. He (the doctor) had asked outright and I don't lie (E., p. 65-66).

Dorothy had spent a year and a half in therapy mainly focusing on her relationship with her father. After an eight year break she re-engaged in psychotherapy and during this time her abuse was exposed as a result of her therapist's questioning.

I had been in therapy for a year and a half and I took a break. Most of what I had looked at was my relationship with my father. I went back about eight years later to deal with another issue around my relationships with women where I always felt abandoned by them. It was then that PSYCHOLOGIST NAME said to me, "What do you remember of your mother?" And that's when I began to talk about her abuse of me (November, 1996).

Raven's first disclosure of her mother's abuse followed her mother's death. She attended psychotherapy to deal with her grief. Her therapist's astute observations and feedback assisted Raven in recalling her abuse.

I first met COUNSELLOR'S NAME when I went to a grief and loss workshop because my mother had died and I asked to see her (the counsellor) alone. I started to see her and she asked me to write a letter to my mother [sighs] and I wrote the letter and some of it was very suggestive. And she said to me, have you ever been abused by your mother, and my first response was I don't think so. There was a point where I just sort of forgot it all. I somehow compartmentalized it. I just shut it away inside of me so that it was almost like it never happened...So she read the letter and said there was a good possibility. I thought about it for awhile and the thing that convinced me was that's when I started to have flashbacks and that was scary because it's almost like living it again. When I started having those I thought, well there's got to be some kind of basis somewhere. Through time and effort I have been able to see a little more clearly what happened (R., p. 26-27).

Morningstar had engaged in a number of relationships with mental health professionals prior to finally revealing her abuse. While staying at a shelter for abused women, after being battered in her third marriage, Morningstar experienced the safety she needed to disclose the secret that up until that time had been unspeakable.

> It was my third marriage. I was in a very abusive relationship and by then my kids were all grown up and I pushed them away to protect them. I did a lot of damage by doing that. I ended up in a battered women's shelter. And that's where I started (to disclose the sexual abuse from my grandmother). This lady came to me and she had that spirit and I talked to her and she shared things with me. She was walking with me. She didn't mix things up. I told her how it was and how mixed up I was. I told her about the sexual abuse and she listened....Eventually I left there and then I realized that I needed to make the step, to talk to somebody and keep somebody so I could totally heal (M., p. 64-64).

Searching for help for these women was like wading through a quagmire of mental health specialists. Most of the women have seen approximately five professionals for assessment and treatment. A few women have had more contact as a result of several hospitalizations for psychiatric reasons. Some of the professional contacts were described as helpful while other contacts were not. Specific attitudes of mental health professionals that were noted as unhelpful were: lacking an unconditional acceptance (Morningstar, Raven); judgmental and blaming (Michelle, Dorothy); unprofessional and disinterested (Michelle); rigidity (Michelle); lack of openness (Dorothy); poor emotional boundaries (e.g., client's needs were secondary to the therapist's needs) (Dorothy); and lacking the willingness to examine their part in the dynamic of conflict arising in the therapeutic relationship (Dorothy).

There were a multiplicity of responses from the treating mental health clinicians that were experienced as unhelpful. Following is a list of the strategies that seemed to hinder the women in their progress: medication (Morningstar); over-medication (Raven); being

labelled as a patient as well as ascribed a stigmatizing diagnosis rather than post traumatic stress disorder (Morningstar); ultimatum conditions in the psychotherapeutic relationship, particularly in regard to abandonment e.g., "if you do not go into the hospital then I will not continue to treat you" (Raven); electro-convulsive therapy (ECT) (Raven); acting the expert by invalidating both the feelings and experience of the client (Morningstar); and not revealing their human side by hiding behind the persona of the professional [italics added] (Morningstar).

In spite of the number of obstacles that these women experienced when seeking help, all of them engaged in therapeutic relationships with clinicians who assisted them in stabilizing and recovery. Attitudes and characteristics of helping professionals that were beneficial were: warm and compassionate, both in attitude and physical gesture (Raven, Dorothy, Elaine); acting in the role of the good mother (Raven); unconditional acceptance (Morningstar, Raven, Dorothy, Michelle); non-judgmental (Michelle, Elaine); non-intrusive and respectful (Morningstar, Dorothy); kindness (Raven, Elaine) empowering (Raven, Dorothy); mutuality (e.g. working together) (Morningstar, Dorothy); good listener (Morningstar); openness to the role of spirituality in therapy (Morningstar); gentleness (Raven); honesty and a teller of the truth (Morningstar, Dorothy); and non-directive (Dorothy).

The women in this study outlined the responses that were beneficial to them when working with a helping professional. These were: maintaining clear boundaries in therapy both physically and emotionally (Raven, Dorothy, Morningstar); ability to be real and not hide behind professional persona (Morningstar); modeling healthy and appropriate behaviour particularly in regards to inter-relating (Morningstar); walking the client through their psychological and emotional gaps in their development as a result of the sexual abuse (Morningstar); careful monitoring and weaning of medication (Morningstar, Raven); inviting supportive others into therapeutic relationship (Morningstar); and the therapist acting in the role of consultant in problem-solving rather than being the expert (Dorothy).

Mention was made by some of the women to specific strategies and techniques that were experienced as especially helpful in their healing process. Some of these were psychotherapeutic process approaches used by the therapist while others were hands on practical information and skills that they were taught. Following are those that were noted to be of significant benefit; being taught relaxation exercises (Raven, Dorothy); being taught grounding techniques (Raven); trance and hypnotic work both in session and outside of session (Dorothy); inner parts work such as inner guide and inner child (Dorothy, Michelle); comparative questioning around alternative perspectives when doing problem-solving and process work (Dorothy); challenging negative self-perceptions and self-talk (Raven, Michelle); clear agreements between therapist and client that are respected (Dorothy); and identifying and feeding back feelings that are underlying or unconscious to the client (Dorothy).

Epilogue: "Is This an Event or My Life?"

There was a yearning expressed by all of the women in this study to move beyond the unwelcome and often intruding experiences that echo their past sexual trauma. The women desired a reclaiming of their birthright of becoming a full person. A few have begun to emerge on the other side and have their history of being sexually abused become an event woven into their story rather than a pervading saga of their life. For others, the experience of having a woman's touch turn to torture in their childhood continues to be their life since a great deal of both their conscious and unconscious life is filtered through this past. For some, components of their lives were reported to be frozen-in-time.

Healing has been both a slow and painful process for all of the women. They have embarked on the journey of healing marked by courage. Each of them have initially disclosed their sexual trauma to a mental health specialist. For reasons evident, and not so evident, some are further along the path of recovery than others.

Some of the women in this study reported that in spite of having disclosed their history of abuse, they had not specifically focused on this distinct trauma in their therapy. Elaine refers to this.

> I told the doctor and several people are aware of my being sexually abused by the teacher but it's not one that I've dealt with in a counselling sense. I just haven't, other than saying this happened (being sexually abused), I actually haven't dealt with it (E., p. 68).

Elaine made particular mention, in both the first and the second interview, of her frustration at not having made more progress in the issues around her abuse. She took a break from therapy two years ago. She expressed feelings of discouragement in being at an impasse and has not been able to move beyond the painful impact of her abuse presently (November, 1996). She said,

> It's kind of hard to see life go by and like figure out how to deal with this in any kind of time so that you actually have any life left...I've been in that limbo for a while...I haven't understood what all this has caused cause I haven't taken the time nor the energy to do that. I kind of feel bad about that because I think it would be valuable and there's so much more (to life) (E., p. 86-87). Other than having just said (to my family doctor and psychologist in the past) I was sexually abused by the teacher I have not dealt with the pain of it or done specific work on it in therapy (November, 1996).

Raven has integrated some effective skills that she has learned through therapy. She recognizes that she is in a stable period but is tentative due to her tendency to be suicidal and by her Dissociative Identity Disorder diagnosis. She continues to be on a regime of medication and is financially sustained by social assistance. In spite of experiencing a stable period, Raven (November, 1996) quite aptly summed up her frustration in wanting to move beyond the emotional and physical scars of her abuse. She commented:

> Sometimes I generally feel pretty discouraged about things, where my life is going and stuff. I want more than a lifetime of therapy, thank you very much (R., p. 36).

Morningstar appears to have a successful career in working as a mental health specialist herself. She exudes a wisdom that seems to have been honed from having learned from the trauma and tragedy in her life. She notes that she has directly acknowledged the majority of the emotional, sexual, and physical inflictions she has experienced. She also readily admits that the female perpetrated abuse she experienced primarily by her grandmother but also by her aunt, and the nun, are the last of her multiple traumas to deal with. She commented:

> I realize that I stepped from the frying pan into the fire in begging to be taken to the convent school but I realize I have not dealt with the sexual abuse by the nun (M., p. 46). I've dealt with all the other abuse, the uncle abusing me, the reserve men abusing me. It (this research interview) came at the right time because [laughs] I knew but I have never touched it and I know now I can deal with it. I am a strong woman and I know I can get on with it (M., p. 30).

Dorothy has been courageous and honest in her healing journey. Many changes have happened in Dorothy's life between the first and second interviews. The most significant changes have come as a result of her recalling more painful memories of her childhood and adult life. Dorothy now remembers that she was not only sexually abused by her mother but by her father as well. This information has been the one of the saddest events for her to bear. She said:

> In this last year I have had memories of being sexually abused by my father and in many respects I see his abuse of me as being from the unthinkable one (November, 1996).

Dorothy has recalled sexually violating her daughters while in a dissociated state. She has had additional memories of some of the horrors she experienced when she was

involved with the cult. She speaks of the painful burden of this awareness, especially those memories in regard to her children.

> It's the worst of all memories knowing that I hurt my children. I feel like I can't come to my children with an openness until I deal with it. THERAPIST NAME has been helping me deal with it since I've had the memories. I've opened the door by sending a letter to my daughter telling her that I have information about some painful things that happened in my relationship to her. I wrote that I am open to talk when she is ready. It is the most horrible of all memories to bear (November, 1996).

Dorothy succinctly summed up how she perceives her recovery at this time.

> It's very hard for me since I am still right in the middle of it. I know that I'm not out the other end of healing yet (November, 1996).

In concluding the findings of this study, all of the participants remarked that being involved in this research study had been a supportive experience for them. For some, participating in this research was the first opportunity where they have completely told their story of being sexually abused by a woman. For Raven it was having a safe environment to feel validated by the researcher.

> I've got a lot of sorrow I tend to suppress. There's something in me that wants to be a little kid again and get the love I never had. You have some of that. You trigger a love and an attention that I never got (R., p. 20).

Elaine concluded her interview by speculating on the potential healing benefits that she may have gained from being a participant.

> Probably I've resolved some parts of the things that still bother me about the sexual abuse by the teacher by participating in this experience. It's been hard but it's been good for me too (E., p. 87).

For Michelle telling her story was another opportunity for her to experience insight, self-affirmation, and a sense of empowerment.

I'm struck by how much I've told you. I am also struck by how I'm feeling right now. I'm in a place of feeling fairly in control. There's been some hard times during this interview but I've survived them, and carried on. It was hard to answer some of the stuff and tell my story. I didn't think at the beginning that my story was very significant but even through the conversation I see messages throughout my history. There is linkage and a thread. So I am very pleased with how this has gone (M., p. 49-50).

CHAPTER FIVE

DISCUSSION

Arriving at this stage of the journey in this research endeavour, I am presented with a variegated tapestry of patterns woven from the narratives of my female co-researchers. In an effort to reflect on these emergent patterns or themes and address the question of what has been learned I returned to the existing literature to compare and integrate these findings. Although many aspects of the findings of this research study could be highlighted in this discussion I have chosen to focus on and expand on four main topics. The discussion begins with a review of the literature on the sequelae of male and female perpetrated sexual abuse and an examination of the significant themes in relation to this documented information; implications of this study for counsellors; and ideas for future research.

The two domains where these women reported experiencing the greatest psychological impact as a result of sexual abuse perpetrated were disruption and disconnection with self as well as interpersonal relationships with others. Under the area of disconnection with self, two salient themes were evident, stigmatization and shame as well as an impaired sense of sexual identity. In regard to disconnection and disruption in relation to others, the focus will be the impact on relationships with children and parenting, as well as relationships with females.

Sequelae of Male Perpetrated Child Sexual Abuse

Since the conspiracy of silence has been lifted in the last two decades regarding the prevalence of childhood sexual abuse there has been a burgeoning of the professional literature illustrating how experiencing child sexual trauma can be considered a long-term mental health hazard (Briere & Runtz, 1993). The most prevalent pattern of child sexual abuse is that which is committed by males against female children mirroring the gendered power paradigm in our culture and in our families (Ogilvie & Daniluk, 1995). The majority of the existing literature on childhood sexual abuse then tends to reflect this gender paradigm.

A diverse array of long-term psycho-social sequelae have been reported among adults molested as children. The associated adult symptomatology falls under the following four main categories: emotional reactions and self-perceptions; interpersonal relating; sexuality; and social functioning (Browne & Finkelhor, 1986; Cahill, Llewelyn & Pearson, 1991). Under the category of emotional reactions and self-perceptions, depression is most frequently reported in the literature (Bagley & Ramsay, 1986; Briere & Runtz, 1988; Browne & Finkelhor, 1986; Elliot & Briere, 1992b; Gold, 1986; Gorcey, Santiago, & McCall-Perez, 1986; Peters, 1984; Peters, 1988; Runtz, 1987; Sedney & Brooks, 1984). Low self-esteem is an additionally reported characteristic of child sexual abuse survivors. Empirically based studies support this (Bagley & Ramsay, 1986; Courtois, 1979; Herman, 1981; Meiselman, 1978) as does the clinical literature (Alexander, 1992; Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1993; Courtois, 1988; McCann & Pearlman, 1990). A feeling of being stigmatized and experiencing shame is another significant symptom reported in cases of incest and sexual abuse in general (Bagley & Ramsay, 1986; Briere 1984; Courtois, 1979; Grand & Alpert, 1993; Feiring, Taska, & Lewis, 1996; Herman, 1981; Sedney & Brooks 1984; Tomlin, 1991). Guilt and self-blame seem to be a universal reaction evidenced in survivors and particularly in incest survivors (Tsai & Wagner, 1978). Additionally, anxiety and fear have been noted in the clinical and empirical literature (Bagley & Ramsay, 1986; Briere, 1984; Briere & Runtz, 1988; Fromuth, 1986; Gorcey, Santiago, & McCall-Perez, 1986; Herman & Schatzow, 1987; Sedney & Brooks, 1984).

Disturbances in interpersonal relating have been associated with childhood sexual abuse. Difficulties identified include an inability to trust, anxiety surrounding emotional and/or physical intimacy, fear of being abused, rejected, betrayed or abandoned, and feeling undeserving, misunderstood and overly dependent in relationships (Cahill, & Llewelyn & Pearson, 1991). Problems in relating to men appear in the clinical and empirical literature (Briere, 1984; Courtois, 1979; Herman, 1981; Maltz & Holman, 1987; Meiselman, 1978) in addition to disturbances in relationships with women (Courtois, 1979;

Herman, 1981; Maltz & Holman, 1987; Meiselman, 1978). Parenting and interpersonal relating with children has been reported to be affected as well (Goodwin, McCarthy, & Devasto, 1981).

Sexuality is an area where long-term effects have been noted as an aftermath of child sexual abuse and of incest particularly. Specific difficulties have been documented in a spectrum of sexual dysfunction including: frigidity, vaginismus, orgasmic dysfunction, achievement of orgasm or sexual dissatisfaction under particular conditions, such as in casual relationships, or when a woman is in control, and flash-backs related to the sexual experience during sex (Briere, 1984; Meiselman, 1978; Tsai, Feldman-Summers, & Edgar, 1979). Other reported areas of sexual impairment are: lowered sexual self-esteem (Finkelhor, 1979); avoidance of sexual activity (Courtois, 1979); sexual compulsiveness (Courtois, 1979; Herman, 1981; Meiselman, 1978); dissociating from physical feeling during sexual activity (Gelinas, 1983); impaired motivation toward sexual activity (Becker, Skinner, Abel, & Treacy, 1982; Briere, 1984); promiscuity (Courtois, 1979; Herman, 1981: Meiselman, 1978); and celibacy (Herman, 1981). Confusion in respect to sexual orientation/identity (Meiselman, 1978) was an added difficulty, and a propensity toward further sexual and/or physical re-victimization (Alexander & Lupfer, 1987; Briere, 1984; Finkelhor, 1976; Fromuth, 1986; Herman, 1981; Gorcey, Santiago, & McCall-Perez, 1986; Runtz, 1987; Russell, 1986; Silbert & Pines, 1981).

Social functioning in adulthood appears in the literature as another area that is affected. This has been evidenced in substance abuse (Briere, 1984; Dembo, Williams, LaVoie, Berry, Getreu, Wish, Schneider, & Washburn, 1989; Herman, 1981; Peters, 1984; Sullivan, 1988). Additionally a strong link has also been made between childhood sexual abuse and prostitution (James & Meyerding, 1977; Silbert & Pines; 1981). Suicidal tendencies (Bagley & Ramsay, 1986; Briere, 1984; Briere & Zaidi, 1989; Harrison, Lumry, & Claypatch, 1984; Herman, 1981; Sedney and Brooks, 1984) and self-mutilation (Goodwin, Simms, & Bergman, 1979; Lindberg & Distad, 1985; van der Kolk, Perry, &

Herman, 1991) have also been noted. Dissociative symptomatology (Briere, 1984; Briere & Runtz, 1990a; Chu & Dill, 1990; Goodwin, 1989; Lindberg & Distad, 1985) have been associated with childhood sexual trauma manifested in depersonalization, de realization and disengagement (Briere & Runtz, 1987; Putman, 1985), amnesia for painful abuse-related memories (Briere & Conte, 1993; Herman & Schatzow, 1987) and multiple personality disorder (dissociative identity disorder) (Putnam, 1989; Ross, 1989).

Miscellaneous difficulties documented include somatic complaints (Briere & Runtz, 1988) and eating disorders (Goldfarb, 1987; Root & Fallon, 1988/1989; Smolak, Levine, & Sullins, 1990; Steiger & Zanko, 1990).

The themes that were identified in this study are consistent with the literature on the long-term effects of child sexual abuse perpetrated by males against females. The themes were: an experience of self-blame; an experience of betrayal by a trusted one; a sense of feeling shame thus feeling stigmatized; an impaired sense of self-identity; a sense of impaired sexuality and a sense of confusion and disconnection in significant interpersonal relationships.

Sequelae of Female Perpetrated Child Sexual Abuse

Research and clinical literature on the long-term consequences of female-to-female child sexual abuse has been little to almost non-existent. A few studies have focused on the impact of incest in the mother-daughter relationship (Goodwin & DeVasto, 1979; Ogilvie & Daniluk, 1995).

Evert & Bijkerk (1987) published a client testimony of her experience of surviving and healing from her mother's sexual abuse which also included an afterword by her therapist. The exceedingly sparse information available has been documented in the writings of clinicians treating female survivors of sexual abuse. Some have offered their observations and hypotheses regarding the specific impact of female sexual abuse on female victims (Bass & Davis 1988; Blume, 1990; Courtois, 1988; Dolan, 1991; Elliot, 1993; Hunter, 1993; Kasl, 1990; Longdon, 1993; Meiselman, 1990; Sgroi & Sargent,

1993; Tower, 1988). The six themes arising from this research are consonant with those cited in the limited available literature on the aftermath of female-to-female sexual abuse.

The literature on the impact of female-to-female sexual abuse suggests that the data is similar to male perpetrated sexual abuse (Bass & Davis, 1988; Courtois, 1988; Elliot, 1993; Goodwin & DeVasto, 1979; Kasl, 1991; Longdon, 1993; McCarthy, 1986). Some clinicians have raised the suspicion that particular symptoms may be more pervasive and those cited are: a greater sense of shame and stigma (Courtois, 1988; Elliot, 1993; Evert & Bijkerk, 1987; Kasl, 1991; Ogilvie & Daniluk, 1995; Sgroi & Sargent, 1993); greater sense of despair (Elliot, 1993); more self-blame and greater self-doubt (Longdon, 1993; Ogilvie & Daniluk, 1995; Tower, 1988); a heightened sense of betrayal (Herman, 1992; Ogilvie & Daniluk, 1995;); an increased homophobic fear (Sgroi & Sargent, 1993); an intensified confusion regarding self-identity (Ogilvie & Daniluk, 1995); and a broader range of relational difficulties, particularly those with women (Kasl, 1991; Longdon, 1993; Sgroi & Sargent, 1993).

Throughout the research process a haunting question that resurfaced again and again for me. It was, Is there greater trauma or after effects as a result of a female child being sexually abused by woman? This question has plagued other authors as well (Jennings, 1993; Longdon, 1993). Quantitatively at this point there is no definitive answer to this question. Some of the entrenched myths and stereotyped attitudes in our society make this question difficult to answer. Namely these are the sanctity of the female as nurturer, that women are passive sexual recipients rather than sexually initiating or assertive and that women would not sexually abuse children. In light of these cultural mythologies, it may be worse for a victim to disclose having been sexually abused by a woman (Longdon, 1993). From victims' perspectives, women may be the one group that they thought they could trust (Jennings, 1993).

In this research study there were four very salient themes that lent themselves to further reflection and exploration: stigmatization and shame; impaired sense of sexuality;

disconnection and disruption in relationships with children; and disconnection and disruption in female-to-female relationships. These four areas appear to hold some potential with respect to distinct aftereffects to women.

Stigmatization and Shame

A profound sense of shame was germane to all the women in the study. This is commonly reported by all survivors of sexual abuse (Bagley & Ramsay, 1986; Briere, 1984; Courtois, 1979; Grand & Alpert, 1993; Herman, 1992). Shame for these women was described as an all-pervasive experience invading every aspect of their connection with themselves and in their relationships with others. It seemed that their very core had been infected. This finding concurs with those authors who have suggested that a heightened presence of shame has been observed in women surviving female-to-female abuse (Courtois, 1988; Elliot, 1993; Evert & Bijkerk, 1987; Kasl, 1991; Ogilvie & Daniluk, 1995; Sgroi & Sargent, 1993). Elaine poignantly illustrates this:

> It is this feeling that my insides are poison. Toxic is the word...It's the most awful feeling to have your insides on the inside and you're on the outside and you want to strip them all out, because they are toxic (E., p. 49, 51).

All of the women attributed their debilitating shame with specifically having been sexually abused by a woman. Courtois (1988) suggests that female survivors of female perpetrated sexual abuse may "...feel additional shame and stigma when their incest experience is out of the ordinary" (p. 68). Tower (1988) says there is a possibility of increased shame with mother-daughter incest and the victim may "...feel guilty and tainted, and may bury her secret deep within her mind. Because her mother--the abuser--is her own sex the victim may experience more self-blame and self-destructive behaviour" (p. 44).

As a society we do not believe that women are capable of sexual abuse. Mathew & Speltz (1987) feel that the cultural milieu promulgates the idealized stereotype of women as being mothers, nurturers, those who provide care for others rather than as people who harm or abuse them. Since historically females have been viewed as non-initiators, limit-

setters, and anatomically the receivers of sexuality it is difficult for some to imagine a female sexually abusing others (cited in Jennings, 1993). These socio-cultural stereotypes of the idealization of females as being the guardian of relationships and "...the confusion and fears associated with same-sex victimization amplify and reinforce cognitive dissonance in a way that makes repression and dissociation of this even more likely" (Sgroi & Sargent, 1993, p. 23). I would further suggest that it might also result in an exacerbation of the experience of shame for these women. The damage is compounded for female survivors of sexual abuse when the society fails to acknowledge that the abuse is real or is not taken seriously (Longdon, 1993). To feel like a member of a stigmatized minority being a survivor of sexual abuse and to be different even from them is very difficult to deal with (Blume, 1990).

Tomlin (1991) believes that the broader societal context may have an influence on exacerbating shame and stigmatization for incest survivors. An individual may incorporate into his or her identity the stigmatized attitudes and judgments that others maintain toward incest. Lemert has proposed that once someone has been labelled as different or damaged by others, this might be integrated into their self-image and result in unwanted attitudes and behaviours (1951, cited in Tomlin, 1991). All of the women in this study expressed feelings of being stigmatized as an aftermath of having experienced same gender sexual abuse. They were acutely aware that sexual abuse by a female offender was perceived as a highly aberrant activity outside the social norm. This left them feeling like spoiled goods, or having being infused with a pervasive toxicity. The penetrating words of Elaine exemplify this: "I feel like I am contaminated down into the cellular level" (E., p. 42). Morningstar is aware that the sexual abuse by her grandmother and her aunt was distinct from what she experienced with her uncles and other men.

> I've dealt with all the other abuse, the uncles abusing me, the reserve men abusing me and this interview came at the right time cause I knew it (that I had been sexually

> abused by my grandmother and aunt) was there. But I never touched it and I know now that I can deal with it. I know I am a strong woman (M., p. 30).

Each woman in her own particular way seemed to have internalized the culture's attitudes of denial and repugnance in respect to female-to-female sexual abuse. Raven's self-perceptions depict this:

> I feel like I am transparent, that people can see inside of me and see my shame, my difference, my pain and my hurt. I really have to work on this one (to change this) (Raven, November, 1996).

All women manifested an array of attitudes and behaviours that were highly self-punitive and self-destructive having both direct physical and emotional threat to their well-being. These included cutting themselves, a tendency to be suicidal, a wide range of dissociative behaviours, and abuse of drugs and alcohol. These behaviours seemed to share a common root which is an extreme self-hatred. This may be suggestive of the degree to which these women may have consolidated their self-image around society's disdain and disbelief in regard to same gender sexual abuse by females.

Ogilvie & Daniluk (1995) state that survivors of mother-daughter incest develop an identity characterized by otherness, meaning that they feel very different from others as a result of their abuse. The experiences of the women in this study would concur with this. All spoke of a self-perception that they were marked by a quality of otherness whether or not their mother/primary caregiver was their perpetrator. Elaine who was not abused by her mother but her teacher speaks of feeling so different that she questions her right to be a part of this world.

> Like I feel very much outside of everybody else. Like I actually don't belong on this planet somehow, and that I'm not connected to the planet. I feel like I shouldn't be taking up space and breathing the same air as others (E., p. 51).

The experience of shame was highly debilitating for all of the women in this study. Elaine, the only co-researcher whose perpetrator was extra-familial, exhibited as heightened a

shame as that expressed by the other women. It appears that female same gender sexual abuse is viewed to be so aberrant and outside the cultural norm that shame and the sense of being highly stigmatized is exacerbated, whether it is extra-familial or intra-familial.

Recent literature on female identity development may offer potential insight toward the heightened shame and stigmatization that was evident in the lives of these women. Several authors, particularly those associated with the Stone Center on Women's Development, have indicated that relationships are the central and most significant organizing principle which contribute to a sense of self and well-being in females (Miller, 1976; Surrey, 1991). This theory of women's development known as self-in-relation [italics original] sees that "...the primary experience of self is relational, that is, the self is organized and developed in the context of important relationships" (Surrey, 1991, p. 52). Within this model, the basic goal of identity development for females is seen to be the deepening capacity for relationship and relational competence. The unique aspects of the individual self emerge in the framework of relationship and so it is not necessary to disconnect or sacrifice relationship for self-development. Being in psychological connection helps to facilitate the growth of a sense of self and the expectation is that mutual sharing of experience will lead to on-going psychological growth (Surrey, 1991). It is a dynamic process that is both self-enhancing and other-enhancing serving the maturation of the well-being of self and of relational competence.

The mother-daughter relationship is recognized as a key relational context for the most part where female identity is formed (LaSorsa & Fodor, 1990; Miller, 1984; Surrey, 1991). It is through the dynamics of this dyad that we acquire our earliest experiences of our developing relational self and begin to formulate attitudes towards the self as well as attitudes regarding others and the world at large. Kaplan & Klein (1985) write:

> Beginning with the earliest mother-daughter interactions, this relational sense of self develops out of women's involvement in progressively complex relationships, characterized by mutual identifications, attention to the interplay between each

> other's emotions and caring about the process and activity of relationship. Note that in speaking of relationships, we are referring not just to actual relationships, but to important inner constructions of the relational process...Being in relationship, empathically sharing with another and maintaining the well-being of relationships function as important motivators for action, as well as sources for self-esteem and self-affirmation (1985, p. 2).

Surrey (1991) believes this is not exclusive to the mother-daughter relationship but is representative of "...only the beginning of a process that can be developed through important people in childhood, and throughout life if relational contexts are available" (p. 55).

The self-in-relation [italics original] model offers valuable information regarding the importance that the context and the interactional process of relationships have on the formation of female identity. What appears to be lacking in this model is how the dynamic interplay in significant relationships contribute to the formation of the internal self structure. Object relations theory, which also recognizes the central importance of relationships on the development of the self, offers a perspective that is relevant in describing and in explaining personality functions and the psychological experience of the survivor of sexual abuse, particularly incest.

From the object relations perspective, personality is comprised of internal object relations that consists of self-images, images of others, and sets of transactions that occur between self-images and other-images (Bongar & Beutler, 1995).

> Associated with any internal transaction is a variety of feelings, wishes, thoughts, attitudes, and expectancies that characterize the transaction. Internal object relationships are the product of interpersonal experiences with significant others that have been internalized, particularly in the formative infancy and childhood years (Bongar & Beutler, 1995, P. 52).

A sense of self develops out of an empathic, interactive relationship with parents or parental figures. If parenting has been loving then a sense of basic security is consolidated within the child, but if parenting has been abusive the child experiences a "a sense of dread or annihilation terror" (Grand & Alpert, 1993, p.331). The primary motivation for psychic survival, according to Fairburn, is the need to remain connected to significant caretakers. The greatest threat is objectlessness which is the dread of not being connected in a significant relationship at all. Sexual victimization at the hands of a significant other for a child introduces,

> ...a greater strain in his or her effort to experience an ongoing attachment to a good parent. The child's solution, according to Fairburn, is to construct an illusory image of a good parent to be attached. This is accomplished by splitting off and denying bad experiences with the parent. Badness is attributed to the self and one's desires; goodness is attributed to the parent (Grand & Alpert, 1993, p. 332).

The child who experiences incest or sexual abuse at the hands of a significant other cannot avoid the information that it is the significant other who is the agent of violation. The paradox for the abused child is that they must turn to their perpetrator for rescue, comfort, and restoration (Grand & Alpert, 1993). According to Winnicott, in order to contend with parental failures including abuse the child develops a false self in order to cope with the pain. This false self is a mask of compliance [italics original] that shields the vulnerable self or true experience of self. This false self allows the child to remain connected to the significant other. (Grand & Alpert, 1993). Grand and Alpert (1993) write of the immense threat that the experience of incest or sexual abuse by a significant other has on the individual's sense of self.

> To reach into the core of the incest experience is to reach into one of the most unspeakable, terrifying, disintegrating, and worldless realms of human existence. It is the realm of annihilation terror or what Winnicott (1965b) has called, unthinkable anxiety [italics original], a world in which no self remains (p. 334).

When the principles underlying how the personality functions, according to object relations theory, are considered in conjunction with the self-in-relation model, a more comprehensive understanding of the experience of stigmatization and shame is available.

All of the co-researchers in this study were sexually violated by women who had been entrusted with their well-being and care in their role with them as children. Four of the women's sexual abuse experiences were incestuous since they were victimized by female family members--two were mothers; one was a grandmother (and aunt) who was the primary caregiver due to her mothers illness, as well as an aunt. The fifth woman was sexually violated by a teacher, someone assigned the trust of a caretaker as a result of her position. While not all of the women were involved in mother-daughter incest, they were sexually violated by women with whom they were well acquainted in relationships of trust and dependence.

Each of the women in this investigation reported their family environments to be sorrowfully lacking in being able to adequately provide for their emotional and/or physical needs as children. The two women who were not sexually abused by their primary caregivers made particular mention of the serious neglect, including emotional and physical abuse they had experienced in their relationships with their biological mothers. Their descriptions included: cold; distant; chronic alcoholic; emotionally and physically abusive; severely neglectful of basic needs; and an inability to provide touch beyond being abusive. All five of the women were left psychologically bereft as they lacked a primary caregiver and a female role model in whom they could seek understanding, receive adequate care, nurturance and guidance in becoming female. All of their mothers abdicated their role of nurturer, three exploited their daughters/granddaughter sexually, while the remaining two emotionally and physically abandoned their daughters.

Literature on the risk factors of the sexual victimization of children has suggested that lack of maternal warmth while growing up is a strong predictor (Alexander, 1993; Bagley & Ramsay, 1986; Finkelhor, 1984; Peters, 1988). Additionally, the perception by

the victimized woman of the abusive experience and her perception of her mother's response to it has been significantly linked to later adult functioning (Gold, 1986; Wyatt & Mickey, 1988). The women who were not sexually abused by their primary caregivers but who experienced emotional and physical abuse and/or neglect spoke of their perception that they were left extremely vulnerable to being sexually victimized by a female. Their abandonment by their parents, particularly their mothers, left them feeling very needy. They described themselves as seeking out surrogate mothers. Michelle reflects on how she felt starved for affection and attention as a child and how she sought this from her aunt, her abuser.

> Anybody who showed me attention, whether it was good or bad, I took it. I looked up to her (my aunt). I was vying for her attention. Like she was well-thought of as a person and I really wanted her to notice me. I just wanted to be part of the human race (M., p. 40-41).

Elaine as well sought her self-validation through her achievements and relationships with teachers at school. School took on a highly significant role in Elaine feeling valued. She speaks of the betrayal she experienced as a result of her teacher/coach sexually abusing her.

> She was my teacher and teachers were where I had gotten my positive feedback before, and I'm shy and that's where I got the pat on my head, and I was always the teacher's pet because I wasn't getting any positive feedback at home. (E., p. 6-7) School was the one place I was considered good and important and she (the teacher) took it away (when she sexually abused me) (November, 1996).

The significance that relationships play in the well-being and identity development of females begs the question of what might be the impact in regard to feeling shameful and stigmatized when your abuser is female, particularly when the perpetrator is significant to the victim. Someone unthinkable for each of these women sexually abused and betrayed them--mothers, a grandmother, aunts, and a teacher. The result is not only betrayal and

disconnection in the relationship with the one who was supposed to care for the child, but also an experience of disconnection with the self. Sexual abuse by another female is an assault on the core experience of the female sense of self. This translates into my own gender sees me as sexual object--I am not seen, not heard or considered. I no longer feel valued or worthy of connection and the aftereffect is shame of the self.

These women were not seen as children in their relationships with their offenders. They became objects for sexual gratification and exploitation. To be treated as if you are invisible and inaudible is a paralyzing experience of shame (James, 1890, cited in Jordan, 1989). Women's openness and desire for connection make them especially vulnerable to shame at the threat of loss of relationship (Jordan, 1989). Shame for women, as proposed by Jordan (1989), is about being disconnected from the other and ultimately from self.

> It is a felt sense of unworthiness to be in connection, a deep sense of unlovability, with the ongoing awareness of how very much one wants to connect with others. While shame involves extreme self-consciousness, it also signals powerful relational longings and awareness of the other's response. There is a loss of empathic possibility [italics original], others are not experienced as empathic, and the capacity for self-empathy is lost. One feels unworthy of love, not because of some discrete action which would be the cause for guilt, but because one is defective or flawed in some essential way (p. 6).

I would suggest that the debilitating shame that was reported by the women in this study on same gender sexual abuse was potentially exacerbated and heightened as a consequence of the alchemy of two key influences. This is not to suggest that these are the sole influences but is an effort to highlight their potential imprint. The first influence is the rigid mythology of the culture that stereotypes females as the sacred guardians of relationships and as caretakers, as well as being possessed by a sexual inertia that makes women incapable of sexually violating children. Sexual abuse by females is a taboo subject and social custom and emotional aversion prohibit its discussion. Thus, it is an experience

that is viewed as abherrant and outside the social norm. The second is the recent information emerging from the literature on women's identity development and the pivotal role that relationships play in a women's sense of well-being. To be sexually abused by a female in this cultural climate given the importance that relationships have on women's sense of self has all the potent ingredients for severe self-reproach and a heightened experience of debilitating shame.

Recent authors have suggested that the current attributions of meaning that one ascribes to the event of child sexual abuse determines how shame will be experienced as an aftereffect, thus impacting adult adjustment (Coffey, Leitenberg, Henning, Turner, & Bennett, 1996; Feiring, Taska, & Lewis, 1996). The experience of shame is viewed as a underlying and central construct related to an individual feeling stigmatized and vulnerable to subsequent behaviour problems (Feiring et al, 1996).

Cutler & Nolen-Hoeksema (1991) believe that females are more shame-prone as a result of their socialization. They see that "...girls are more likely to experience shame in situations where they perceive they have broken a rule, so abused girls should be more at risk for poor adjustment and especially depression, compared to boys" (cited in Feiring et al, 1996, p. 770). Shame, according to Feiring et al (1996) "...does not appear to be produced by any specific situation, but rather by an individual's interpretation of an event" and is likely to be influenced by contextual factors (p. 770). Thus, the potential for female survivors of female sexual abuse to develop shame-prone attributions is high if considered in concert with the following three areas of information: (1) the recent literature on the relationship between shame and one's cognitive appraisal following child sexual abuse; (2) the cultural taboo on acknowledging female perpetrated sexual abuse; and (3) the significance of relationships in women's identity development. The female survivor of female sexual abuse is potentially left open to potentially greater shame and stigmatization.

Impaired Sense of Sexuality

An area of great difficulty and distress for the women surviving same gender sexual abuse in this study was their sexuality. All of the women struggled with a range of sexual effects throughout their lives as a result of their abuse. Problems with sexuality have been well documented in the literature for survivors of childhood sexual abuse, particularly among victims of incest (Briere, 1984; Courtois, 1988/1993; Finkelhor, 1979; Herman, 1981; Herman, 1981; Meiselman, 1978; Runtz, 1987). Minimal reference is made in the literature in regards to the unique impact of female sexual abuse on the sexual development and sexuality of the female survivor (Goodwin & DeVasto, 1979; Ogilvie, 1996; Sgroi & Sargent, 1993).

In order to explore the effects that female perpetrated sexual abuse has had on the sexuality of the women in this study, it is important to define what the term sexuality means. Female sexuality is not well defined in the literature. There appear to be a variety of ways that women learn about and experience their own sexuality. Female sexuality cannot be narrowly defined in what is solely involved around genitals, which is often equated with sexual functioning. Kitzinger (1985) writes that sexuality "...involves the whole body and is expressed in different ways at different times in a woman's life, during her ovarian cycle and with the varied and complex biosocial experiences of pregnancy, childbearing, menopause and aging" (p. 9).

For a woman, sexuality is a whole range of varying life experiences, attitudes, and behaviours. Her sense of her sexuality is a composite of the many experiences she has had over her life span, beginning from the moment of birth (Kitzinger, 1985). These cumulative life experiences influence her thoughts, feelings, and perceptions about her sexuality. Each woman's sense of her sexuality is unique and personal. "At every stage of its development, sexuality represents the interpenetration of the personal experience and socio-cultural context; of body, mind, psyche, and social environment" (Naus, 1987, p.

37). Sexuality thus is not only about the physiological domain but also is about the psychological, social, and moral domains.

Female sexuality is intimately and critically connected to self-identity (Josselson, 1987). Sexuality for females is not a separate nor a split-off aspect of identity. It is an encompassing experience involving the multitude of ways of who a woman defines and experiences herself to be. A woman's sense of her sexuality and her sexual experiences are influenced by the context of her life.

> Though sex is usually discussed as if it is existed independently of all the other things that happen in life, the evidence from women is that sexual feeling depends to a large extent on the things that are happening to us and our feelings about our identity and how we value ourselves (Kitzinger, 1985, p. 10).

Numerous authors writing in the area of women's identity and sexual development have noted that females arrive at a sense of their sexuality in a social context characterized by gender inequality (Daniluk, 1993; MacKinnon, 1987; Wine, 1985). This environment of male privilege has had a pervasive negative impact on how women have defined and experienced their sexuality (Daniluk, 1993). In discussing female sexuality, it is imperative to keep in mind the influence of this socio-cultural context.

All of the women in this study for the most part have not had positive life- and self-affirming experiences in regard to their sexuality. The predominant feeling that was commonly linked with their sexuality was a magnified sense of shame. It is not possible to attribute this pervasive feeling of shame and unworthiness solely to the experience of these women having been sexually abused by their own gender without also taking the other elements of their traumatic histories into consideration. Society's antagonistic views on women and their sexuality certainly must be considered as well when reflecting on the presence of shame in relation to the sexuality of these women.

Daniluk (1993) in her phenomenological study of the experience of female sexuality notes that the experience of shame and self-blame was interwoven into each women's

account of her sexuality. She surmises: "Clearly, the dominant culture's negative view of women and female sexuality had been introjected by the women...all participant's expressed feelings of shame and self-blame for who they are and self-blame for what they have done" (p. 65-66). Young (1993) elaborates on how the culture is shame-infested when it comes to women's sexuality.

> Patriarchy, religion, and Victorian values have meant that many girls are (as their mothers were) punished for their natural sexuality. Often this is also because their mothers are jealous of their naturalness or embarrassed by their sexuality, setting up a lifelong association between sex and shame (p. 109).

Each of the women in this study recognized how the presence of shame acted as a psychological barrier to sexual intimacy for them. Raven is cognizant of how shame has thwarted her in not only being unable to be sexually intimate with her lover, but also led to the break-up of a significant lesbian relationship. Her experience is similar to the findings of Sgroi & Sargent (1993) where they discovered that a participant was unable to tolerate a long term committed relationship with a female partner in spite of desiring this. Raven reflects on her predicament:

> I reached a point where I did not want to have anything to do with my lover around sexuality. And as much as she cared about me, we eventually drifted apart (R., p. 23). I had pulled back sexually in our relationship because it (being sexually intimate) made me feel so ashamed of myself, because anything to do with any kind of genital contact was dangerous, it's scary, it's dirty, it's wrong...and I still believe that in a lot of ways subconsciously, which is why I'm not in a relationship at the moment. (R., p. 24-25).

The amplified shame evident in the lives of these women makes sense considering the culture's denigrating views of women and their sexuality and the strict taboo on acknowledging female perpetrated sexual abuse. I would hypothesize that female survivors of female perpetrated abuse are at potentially greater risk of experiencing debilitating shame

in regard to their sexuality in light of the above information. Thus, this could result in more extensive aftereffects in the area of sexual difficulties for them.

Sgroi & Sargent (1993) describe an array of sexual problems experienced by women survivors. Difficulties in being sexually aroused and being orgasmic were reported. These findings are consistent with the sexual difficulties experienced by some of the women in this study. Dissociating, which was an adaptive coping mechanism to their past trauma, thwarted the women in being able to physically feel during sexual activity. Courtois (1989) writes on the origin and function of dissociation for survivors of sexual abuse.

> Dissociating serves many purposes. It provides a way out of the intolerable and psychologically incongruous situation (double-bind), it erects memory barriers (amnesia) to keep painful events and memories out of awareness, it functions as an analgesic to prevent feeling pain, it allows escape from experiencing the event and from responsibility/guilt, it may serve as a hypnotic negation of the sense of self. The child may begin by using the dissociative mechanism spontaneously and sporadically. With repeated victimization and double-bind injunctions, it becomes chronic. It may further become an autonomous process as the individual ages. Dissociation is therefore another type of survival mechanism (p. 155).

Dissociation was instrumental in the women being unable to experience sexual arousal and orgasms in their past and current sexual involvements. Elaine's experience exemplifies the tendency to dissociate during sexual contact.

> I separate my body from my senses so that I don't feel. So I never had orgasms while I was married. For nineteen years I didn't know that females were supposed to enjoy it (being sexually intimate) (E., p. 10).

Avoidance of sexual interaction due to anxiety and fear has been noted in the literature whereby some women will choose to live a celibate lifestyle (Ogilvie, 1996; Sgroi & Sargent, 1993). Celibacy is sometimes chosen in order to escape sexually and

emotionally abusive relationships, as well as the potential of experiencing flashbacks of their past sexual trauma (Ogilvie, 1996). This finding was also supported in this study. Dorothy refers to the intense fear that she encounters around her being sexually intimate and her tendency to cope by avoidance.

> I'm bisexual but the notion of sex totally, totally horrifies me. I have a good female friend that I know I love in the way that I love my husband, only it's this more intense feeling, like it would be more like what I have with my husband sexually. But there is no way I could do it. It would be horrible (D., p. 33-34). I haven't had sex with my husband now for years. Sex totally horrifies me (November, 1996).

Michelle comments on her placing a moratorium on her sexual relationship with her husband as a result of feeling sexually used by him.

> My husband had a real appetite for sex and I just felt that he was being too physical and I felt used by him. Literally I put a stop to it. I just wouldn't go to bed when he went to bed. It was very strange. He was very angry at me (M., p. 26).

Sexually compulsive and promiscuous behaviour has been documented as an aftermath of same gender sexual abuse, especially during adolescence (Ogilvie, 1996). This was consonant with a few women in this research but this behaviour was not restricted to adolescence. They reported periods in their adulthood where they were excessively obsessive and highly indiscriminate in their sexual involvements. Michelle spoke of being sexually involved with a number of her male co-workers. Involving herself in promiscuous sexual interactions was an endeavour on her part of seeking validation and approval.

Confusion in regard to the role of intimacy in relationships and engagement in sexual behaviour has been noted by some authors (Ogilvie, 1996; Sgroi & Sargent, 1993). Sgroi & Sargent's (1993) clinical observations had them wonder, "...if there was a homophobic basis for the fear of other women expressed by most of the adult female clients in this sample" (p. 26). Some of their participants feared that establishing a supportive relationship with a female put them at risk of becoming sexually involved even

when they did not want this. Ogilvie (1996) also speaks of women in her study feeling confused in regard to the role of sex in intimate relationships. This was confirmed in this study as some women spoke of their fear that intimacy would become sexualized when they were in close company with other women. Elaine speaks of her dilemma:

> I was playing squash with a female friend and inside the lady's locker room there's a hot tub and you don't have to wear a swim suit...And in a flash I thought she's in there, in the hot tub and I thought what if she tries something (being sexual). And I suddenly thought of what the doctor had said to me, say no. Oh, whew I finally get it. But I'm 45 years old and I'm only now figuring it out (that my being in a relationship with a woman doesn't mean it will become sexual) (E., p. 37). In the past what I've done is avoided situations where I'm alone with a female and it worked. I'm okay but I'm anxious all the time...an uneasiness (E., p. 33-34).

Fears and confusion about sexual orientation and identity appear in the limited literature (Ogilvie, 1996). This corresponds with what was reported by the women in this study. To be sexually abused by someone of their own gender left the women feeling perplexed and confused regarding their self-identity, particularly their sexual identity. To be female is to accept and to adjust to the developing sexual contours of who you are becoming, emotionally, psychologically, and physically. Sexual identity is a critical aspect of identity development, especially for women (Daniluk, 1993). For these women becoming female was to have their developing sexuality experienced as a self-betrayal and a threat. It was a woman who abused them. All of the women referred to their sexual self as a split off part of themselves. This denial of their sexual self was an experience of self-alienation. Jacobs (1994) sees this response as an adaptation to abuse. It results in the female disconnecting from her body and the physical sensations since they are reminders of the coerced pleasure and feared pain of perpetrator. Morningstar's description poignantly illustrates the quandary that being sexually abused by her grandmother presented in her feeling uncomfortable and alienated in her sexual identity as a woman.

> My grandmother's sexual abuse of took more from me than all the male sexual abuse of me. I look at it and say wow! Good grief, no wonder I don't have a connection with me as a woman, sexually. What do I connect with--the abuse!...A woman that has the same spirit as you sexually abuses you. I give birth, she gives birth, and she's stuffing things in me...It's worse when a woman does it because she broke that connection with me being whole--sexually, and spiritually (M., p. 39-40).

Morningstar as well struggled with the meaning of her feelings when in female relationships. This compounded her confusion regarding her sexual sense of herself and had her question her sexual orientation. This was commonly reported by other women in the study as well.

> I remember a lot of times thinking, am I gay? I remember always wanting to go and touch women's breasts and put my mouth on them. I couldn't figure out why...There was an urge once or twice but I kept praying and I wouldn't allow it to happen. I stayed away anytime a woman came near me that was gay...As relationships became mixed up and not working for me, I used to think maybe I am gay (M., p. 30-33).

Sgroi & Sargent (1993) noted in their cases that some of the female survivors of same gender sexual abuse maintain a distorted sense of their sexual identity. They see themselves as being a powerful sex object who has an overwhelming capacity to sexually arouse others, particularly women. The findings of this study concurred with the data for a few women. Morningstar relates how this challenged and disrupted her relationships with women, particularly after she was re-victimized by a nun at the residential school.

> And I woke up (in my bed), and she was over me. And I closed my eyes and when I came to I was in her bedroom. And I remembered I touched her (in a sexual manner)...I didn't tell anybody because I was afraid that I started it for her...When

> I went back from the convent to the reserve, nobody came near me. And I couldn't stand being by a woman. It was too powerful. I couldn't (M., p. 49/51/55).

Engagement in problematic sexualized behavior as children has been recently mentioned in the literature as a possible effect of childhood sexual abuse (Cavanaugh, 1989; Gil & Cavanaugh, 1993). Gil & Cavanaugh (1993) define what constitutes sexualized behaviour in children that is seen to be atypical and outside normal sexual development.

> Sexualized [italics original] children refers to young children who appear to be overly focused and compulsively drawn toward sexual matters when most of their peers do not seem to exhibit similar interest. These children may be sexually preoccupied, interpreting most situations as sexually charged. Sexualized children may engage in excessive masturbation, causing pain or irritability; they may masturbate in public and may want to touch or be touched in their genitals by other children and adults....Children who molest and children with sexual preoccupations or problematic sexual behaviours were often abused themselves (p. 91/98).

Ogilvie (1996) refers to some reports of repetitive sexual behaviour as children and during adolescence. This was consistent with the findings of this study. Two of the co-researcher's were aware of having engaged in problematic sexual behaviour as children with adults and other children. Morningstar currently interprets that her sexual behaviour with others as a child was a by-product of her being sexually abused by her grandmother and aunt. She describes how her sexual acting out would conclude with her self-mutilation in an attempt to control and punish her sexually reactive behaviour.

> That's the part I was afraid of, because there was a part of me that would just grab and do it (reach out and touch others in a sexual manner). Because it was such an automatic thing. Because that's what I had to do with my grandmother. I would hit myself...pull my hair...and say, stay in there, you don't come out. You don't do that to people...Don't ever do that again, bitch (M., p. 52-3).

Sexual re-victimization is an important issue that is often reported by survivors of childhood sexual abuse and has been also observed re-occurring in the lives of the women in the study. (Ogilvie, 1996). According to Ogilvie (1996), "...many of the women spoke of susceptibility to further sexual re-victimization because of feelings of powerlessness and shame. They experienced themselves as being easy prey for further victimization" (p. 30). This is consistent with several of the women in this research who reported having experienced multiple sexual re-traumatization throughout their lives. Commonly reported by the women was their being sexually re-victimized by male siblings and adult men, including uncles, spouses and partners. One woman she married three times and all of the spouses had been emotionally, physically and sexually abusive.

Unique information did emerge from this study regarding the vulnerability for these women to be sexually re-victimized by other females. This was not something that I had found explicitly reported in the literature to date, either in male or female perpetrated data. One participant in this research was re-victimized by a nun while she was still a child. Michelle as an adult became involved in an extra-marital affair with a woman in an authority position to her. In time, the relationship took on overtones of re-victimization since it became both emotionally and physically abusive.

> In the late eighties, in church I met a woman that I took a course from, an adult educator that I admired and I ended up being sexual with her...I shouldn't have been in the relationship because I was married at the time...But I felt very needy and I looked up to her, just like I did with my aunt...It went on for a long time, for six years...There were times when it was not very good where she would be very controlling of me, threatening me...She would have these rage outs and I am very frightened by angry people. She'd yell, scream, cry, and be physically and emotionally abusive too (M., p. 17-22).

My assumption in beginning this study was that female perpetrated sexual abuse against females would have a more pervasive impact in the area of sexual adjustment and

sexuality. Certainly all of the women in this study demonstrated significant difficulties in the area of sexual adjustment and their sexual identity. It is not possible to conclude that the impact of same gender sexual abuse for these women had greater aftereffects than male perpetrated sexual abuse. Despite the presence of a number of other potentially influencing factors in these women's lives such as multiple experiences of childhood trauma, the findings of this study did support the assumption that for females to be sexually violated by a female especially in a relationship of significant trust, places the victim at great risk for disturbances in the area of sexuality.

Disconnection and Disruption in Relationships with Children

Discordance in interpersonal abilities is an area significantly impacted as a result of childhood sexual abuse. This is well documented in the clinical and empirical literature with the range of symptoms including insecurity in relationships, distrust, suspiciousness, lack of intimacy, and isolation. (Bass & Davis, 1988; Blume, 1990; Briere & Runtz, 1988; Briere, 1992; Cole & Putnam, 1992; Courtois, 1988/1993; Browne & Finkelhor, 1986; Finkelhor, Hotaling, Lewis, & Smith, 1989; Meiselman, 1990). Difficulties in relationships with children are commonly reported. Often there are self doubts about parenting abilities and the fear of potentially continuing the intergenerational abuse of children (Bass & Davis, 1988; Blume, 1990; Briere, 1984; Courtois, 1988; Goodwin, McCarthy & DiVasto, 1981; Russell, 1986)

Many of the women experienced a great deal of self-doubt and anxiety in their relationships with children. Some were mothers, while others were not. A majority expressed the fear of moving from the position of victim to victimizer and abusing children. This finding concurs with the study of Ogilvie & Daniluk (1995) on mother-daughter incest survivors. Their participants had primarily learned to mother from the modeling of their sexually abusive mothers. Serious boundary violations and victimization characterized the relationships of these women with their mothers. Tower (1988) also refers to the

difficulties that maternal incest survivors face as parents as a result of the serious betrayal they experienced in that first and most fundamentally important relationship.

Not all of the women in my research were sexually abused by mothers, yet the fear of abusing children was just as intense as for those women whose abusers were non-primary caregivers. This raises the question of why? All of the women reported being without the presence of an emotionally and physically supportive mother or mother-figure in their lives. Each spoke of traveling through their childhood feeling a great void in their relationships with their mother. As both Dorothy and Morningstar expressed: "The experience of mother for me was "no-love". For the two women who felt mother-abandoned but were not sexually abused by their mothers, when they turned to other adult women for surrogate nurturance they were once again betrayed. They became objects for sexual exploitation. In some respects these two women felt doubly betrayed, first by their mothers and then by females in general. Being sexually abused by a female even when they are not the primary caregiver potentially may leave victims with distorted beliefs and confusing messages regarding being female. This may have been a compounding factor in regard to the women feeling vulnerable in their parenting abilities, particularly for those not sexually abused by their primary caregiver.

Fears of being sexually aroused by someone of the same gender and feeling compelled to hurt children has been documented for survivors of same gender sexual abuse (Ogilvie & Daniluk, 1995; Sgroi & Sargent, 1993). Findings in this study were consistent with previous work as it was a concern for some of the women. Sgroi & Sargent (1993) address how normal feelings of admiration for children can become confused with erotic interest and such feelings might be a painful block in relating to children. Elaine, whose abuser was a teacher, experienced a very agonizing struggle in her role as mother. She maintained crippling self-doubts and was hyper-vigilant around potentially becoming sexually aroused when she was having close physical contact with her daughter. Her primary fear was that she would sexually abuse her daughter. This was a fear that was not

present in parenting her twin sons. Her experience pointedly illustrates the quandary that many of these women faced.

> Whenever I held her I would check myself to see if I was becoming sexually aroused. I did this for virtually twelve years. I didn't do that with my boys. I don't know whether it was because she was the first baby or it was because she was female and I had been abused by a female, my teacher...Like that's not a normal thing for a parent to be doing, checking themselves like that (E., p. 44-45).

Maintaining a vigilance around potential boundary violation was commonly spoken about by all of the women. This finding on their confusion with personal boundaries was additionally supported in the maternal-daughter incest study of Ogilvie & Daniluk (1995). If relationships are the means in which women develop both a healthy sense of themselves and a healthy sense of relating with others, then having their physical and sexual boundaries violated by a mother or a significant female has potentially critical consequences. These survivors had difficulty in distinguishing where others begin and they end. In male perpetrated sexual abuse it is the other who abuses, while for the female survivor of female perpetrated sexual abuse it is someone who is the same who violates. It potentially sets up an inner dissonance for these woman that results in mistrust of themselves as women and to securely mother and/or feel they are capable of having comfortable and appropriate boundaries with children.

In spite of this hyper-vigilant posture being experienced as debilitating at times, it seemed to serve the purpose of being a helpful resource for some of the women. Their attentiveness assisted them in feeling responsible in their role as mothers by keeping themselves in check. This was reported as a positive means of being consciously aware of their relating process with children. In some respects there was a sense that they felt an integrity in adopting this strategy.

Sgroi & Sargent (1993) observed that in order to cope with the fear of being sexually aroused and the potential compulsion to hurt children, a number of their

respondents found ways to avoid children through having little contact and/or by choosing not to become parents. Young (1993) as well reported that maintaining emotional distance from children served as a protective coping mechanism for female survivors of female sexual abuse. This was consonant with ways in which some of the women in this study coped. Raven spoke of being aware of feeling aggressive at times with children, thus she chose to avoid them. Dorothy reported her tendency to avoid being home in the evenings when her children were most frequently present. She says:

> Mothering was a tough job for me. It was really a task. I'd rather be doing anything but being a mother and parent (D., p. 28). I would find reasons not to be home in the evenings when my girls were younger (November, 1996).

Elaine's case is different in how she perceived herself to be an at risk mother. She upheld some distorted self-perceptions as consequential effects from the stigma of her past sexual abuse. She saw herself as toxic and believed this had a direct influence on her daughter's sudden death from an aneurysm and her twin sons being born premature with cerebral palsy. As a result, she made the difficult choice not to continue being the custodial parent of her twin sons following the sudden death of her daughter. The socio-cultural expectation is that normal women are attracted to children and want to parent and care for them. The woman who was sexually abused by a female perpetrator (particularly if it is a mother or a surrogate mother-figure) is left with a different set of messages such as: "...children are dangerous, being a mother is dangerous, I am a high-risk mother, or I would be an unfit mother" (p. 28). The women in this study reported maintaining such self-perceptions.

Dorothy, in the time between the first and second interviews, recovered painful memories of sexually abusing her now two adolescent daughters. She discloses:

> It's the worst of all the memories I've recovered, sexually abusing my daughters. The word mother is just so horrible to me! How can I ever come before my daughters as mother (November, 1996).

Dorothy was the only co-researcher who reported that she was conscious of having sexually molested her daughters. In Dorothy's case it is not possible to directly relate her sexual violation of her daughters to her sexual abuse. Of all the co-researcher's in this study, Dorothy by far experienced the most extreme abuse. Her mother's abuse of her was not only sexual but was torturous in nature. Consideration must also be given to Dorothy having been a coerced participant in ritual abuse activities for the greater part of her adolescence which potentially compounded the degree of trauma experienced by her.

Varying degrees of dissociative behaviours were commonly reported by the women in this study as a primary coping mechanism. It was a phenomenon frequently experienced in dealing with children. Morningstar describes how her awareness of her tendency to dissociate made her fearful of the possible impact this behaviour might have in her interactions with her children.

> I went to my family doctor and told him that it (my tendency to dissociate) was still happening and I was scared that I might be hurting my kids. I don't remember months from days...I would remember I'd get up and I would feed them and then the next time, the house is clean and a whole week would go by and I wouldn't remember what I did. And I would immediately check them, check their vagina, check all over to see if I had hurt them. I realized that I've never hurt them in that way (sexually) (M., p. 59).

No mention was made in the available literature on the sequelae of female sexual abuse regarding the impact that dissociation potentially plays in parenting and/or responding to children. A recent study by Benjamin, Benjamin, & Rind (1996) found that dissociative mothers were poorer in parenting behaviours than non-dissociatives.

> They had less support from relatives; they were hampered by their symptoms; they had a less supportive discipline style; they showed their children less affection; they were less able to express affect; they displayed less attachment behaviour toward their children; they had more cognitive distortions about their children; they felt less

> comfortable about being a mother; and they took fewer actions to promote their children's development (p. 939).

Many of the parenting characteristics noted for dissociative mothers by Benjamin et al. (1996) correspond with how the women in this study described their subjective experiences of parenting. Several clinicians who currently treat sexual abuse survivors consider dissociative experiences to be a long-term sequelae of extreme trauma (Anderson, 1988; Anderson, Yasenik, & Ross, 1993; Briere, 1984; Briere 1989; Courtois, 1988; Ross & Gahan, 1988). The socio-cultural restraints on acknowledging females as capable of abuse potentially puts the female survivor of same gender sexual abuse at greater risk for compounded trauma. Possibly these women are more prone to more varied and complex forms of dissociation when relating to children in order to manage the potential dissonance that the role of mother/caretaker elicits. If this is so, then it raises concern regarding the types of support and education that are required by these women from the helping professions. There is possibly a need to assist them in building their awareness of how their attachment to past painful interactions and exploitation with a significant female continues to shape their experience in responding to children.

Disconnection and Disruption in Relationships with Females

Women who have been sexually victimized as children report difficulties in relating to women, men, and children (Bass & Davis, 1988; Blume, 1990; Briere, 1984; Briere & Runtz, 1988; Briere, 1992; Cole & Putnam, 1992; Courtois, 1988/1993; Browne & Finkelhor, 1986; Finkelhor, Hotaling, Lewis, & Smith, 1989; Meiselman, 1990). Female relationships were extremely anxiety-provoking for all women in this study. Mistrust and fear of women were the predominant feelings expressed. For these women, abuse and care had been intermingled with pain as children in relationships with significant adult females. As adults, these earlier sexual injuries were difficult to separate from and the pain of these sexual transgressions appeared to impede their adult relating abilities, particularly with women. Consequentially, the ability to relate comfortably with females was markedly

impaired for these women. This finding corresponds with the literature on the aftereffects of female perpetrated sexual abuse (Kasl, 1991; Longdon, 1993; Sgroi & Sargent, 1993). Sgroi & Sargent (1993) write that, in some of their cases, women were perceived as domineering and untrustworthy.

Longdon (1993) hypothesizes that women who have been sexually abused by their own gender may differ in their relationship dynamics with women when compared with women who were abused by a male. Being a woman and prospectively having relationships with other women has become, for these survivors, a territory associated with interpersonal danger. Sgroi & Sargent (1993) observed:

> They could not simply avoid people of the other gender as some victims of child sexual abuse by males have done. Being the same gender as their abuser seemed to impart a contradictory message: To be a woman is to be at once the vulnerable victim and the powerful abuser. These women often reported that they saw all other women as victims and abusers (p. 24).

Since girls and women are socialized to believe that females are benevolent and nurturant, the female child who has been sexually exploited by another woman is potentially left in a highly dissonant state, both intra-psychically and interpersonally. Warmth, kindness, and tenderness in women are signals of danger. In this regard, Michelle says:

> I'm very afraid when I'm around women who are tender and caring. I am very cautious. I just don't trust easily (M., p. 34).

From her experience, Morningstar reflects:

> There's that way when a woman comes toward a child, and I hate it when I see it in other women. They have a real sweetness when they come near you. That's when the sexual abuse would happen (M., p. 2).

In male perpetrated sexual abuse, other females are frequently seen as rivals who can potentially threaten the access of having relationships with men. This is reported in the literature regarding the interpersonal effects for survivors of male perpetrated sexual abuse.

(Herman, 1981; Meiselman, 1978) This was not consistent with the findings in this study. In this study, relationships with women were not perceived as potentially jeopardizing the competition for males. Relating with females was perceived as increasing the likelihood of a direct threat of sexual violence to the women themselves. Some of the women maintained a fear that their close relationships with women would become sexualized and/or abusive. Ogilvie (1996) refers to how women generally felt confused in regard to the role of sex in intimate relationships. In Sgroi & Sargent's (1993) work, they found that their participants feared intimacy with a female and deduced it put them at risk of becoming sexually involved even when they did not want this. This finding was confirmed in this study by some women. Elaine's fears were so severe that they impaired her ability to receive both physical and emotional comfort at her daughter's funeral. She mentally prepared herself in advance as she anticipated this forthcoming support.

> I would never cry in front of a female even when Stephanie died. I was lying in bed and what I was going through was practicing the funeral so that I would desensitize myself so that I would not cry in front of my parents. And it was unacceptable (to me) to show that kind of vulnerability to a female. This makes a friendship (with a female) kind of difficult because you can't talk about this like a regular person. Like I can't kiss (a woman) (gasps) I don't do that (E., p. 54-55).

Avoidance was the primary method of coping with female-to-female relating. This manifested itself at times in total abstinence from female company, to being more receptive to being with women in groups, but not in individual relationships. Dissociation became a means of coping for some of the women while in the company of females, as well. Elaine, focused on investing more in male relationships in an endeavour to have her needs met while avoiding all intimate contact with women. Elaine experiences this avoidance as a loss.

> I am 45 years old and I'm just figuring this out that I can say no in relationships with females when I don't want something. So I've lost, in my view, a lot of decades of friendships with women (E., p. 37).

The degree of isolation experienced by the female survivors of same gender sexual abuse in this study seemed to be paramount. Trauma naturally sets in motion a retreat response. Herman (1992) has noted "...trauma impels people both to withdraw from close relations and to seek them desperately" (p. 56).Wherein the female victim of male perpetration may experience mistrust in interpersonal relating generally and with men specifically, she has not had the gate closed to connecting with other women by having not been sexually violated by her own gender. In some respect, it is to have the door to oneself barred or shut. As previously discussed, women's sense of worth is grounded in their ability to make and maintain relationships (Miller, 1976). The threat of disconnection in relationships is perceived not just as a loss of relationship but as something closer to a total loss of self (Gilligan, 1982). Becker (1987) believes that adult female-to-female relationships have critical implications for both the on-going intra-psychic and interpersonal development of women.

> Friendships between women are relations that return women to themselves. They provide a structure of intimacy that is consonant with women's desire for support and attachment, while at the same time cultivating separateness. Both Gilligan (1982) and Rubin (1983) suggest that women struggle to establish a sense of separateness and identity in their developmental process. In contrast, men assume separateness and find attachment and intimacy the harder developmental tasks. Friendships with other women are thus especially helpful to other women; they offer a depth of intimacy within a relationship that structurally includes more separateness than a sexual love relation (Becker, 1987, p. 70).

Miller (1988) summarizes how the process of psychological growth emerges in interpersonal relating for women. Mutual empathic responding is seen as the bedrock of the

process where this interplay creates and builds new psychological growth experience for both. She outlines that each woman grows in five salient ways.

> Both women feel an initial connection with the other which gives them both a sense of increased "zest" or energy. Both are active right in the relationship itself, and they feel more empowered to act beyond the relationship...having more knowledge of self and other, more clarity about thoughts and feelings; and these thoughts and feelings now further provide a stronger and more knowledgeable feeling-thinking base which motivates actions. Because these processes have occurred, both feel a greater sense of worth. Both desire more connection as a result (p. 3).

The women in this study were left adrift and bereft without many supportive connections, particularly with other women, as a result of abuse. It is as if these women have lost the mirror that provides a reflection of themselves to themselves as a repercussion of their inability to feel secure in relating to their own gender. The mirror of female friendships offers the opportunity to clarify issues, identify patterns, and affirm strengths. It is through this interactive process that the mirror contributes to self-knowledge and self-identity. These women have additionally lost access to their own vitality since their avoidance of intimate relating with other women has consequentially stifled their capacity to psychologically enlarge and develop as adult women. The degree of relational isolation that these women experienced in female-to-female relating has potentially serious effects in further compounding alienation from the self and thwarting their psychological abilities to strengthen and expand the maturation of their identities.

Implications for Counselling

This study has implications for women who have been sexually abused by a female, and for professionals, particularly counsellors working with this group of women. The descriptive themes and information provided by the co-researchers in this study point to issues to be explored with women who have survived same gender sexual abuse. This is

not to suggest that the information emerging within the themes will be homogeneous to all women presenting with this trauma history. The information offers possible areas of importance to be examined. The therapist working with this population must consider each woman as an individual and be highly sensitive to the unique and subtle nuances of how her childhood victimization has impacted her life. Awareness of the differences between female and male perpetrated sexual abuse and the aftereffects are of significant importance when treating the female survivor of same gender sexual abuse.

Clinical Stance and Therapist-Client Relationship

Women survivors of same gender sexual abuse seldom present in counselling with this as their primary or initial concern. Later disclosure is confirmed in the literature for same gender sexual abuse (Goodwin & DeVasto, 1979; Kasl, 1990; Sgroi & Sargent, 1993). All of the women in this study did not disclose being perpetrated by a female until after many years in psychotherapy. For some, they were unaware of their victimization due to repressed memories. For others, they were aware of the trauma but their fears of being disbelieved as a result of the stigma attached to such a disclosure, stifled their ability to speak about it. Kasl (1990) believes that individuals are often unaware that they have been sexually abused by a female until they engage in treatment or therapy of some sort. In her work with addictions, she has discovered that chemical abuse can serve to keep the memories and/or overwhelming feelings at bay. She cites a study by Evans & Schaefer (1987), who found that 25 percent of the women who had completed treatment and maintained sobriety reported having been sexually abused by a female. Therapists need to be cognizant of the chemical abusing client and the possibility of their efforts to anaethesize painful memories and highly stigmatized experiences like that of female sexual abuse. Sgroi & Sargent (1993) noted that first disclosures are often experiences of male victimization. This was consistent with the sequence of how the majority of the women in this study disclosed their previous traumas. Disclosure for many of the women only resulted when the therapist specifically initiated questions about curious aspects of their past history and

presenting symptoms. Sgroi & Sargent (1993) recommend that the therapist periodically ask throughout treatment if others, beyond the abuse already reported, have had sexual contact with them during childhood, including females. Even if the answer by the client is negative, the process of asking establishes a climate where the client has permission to disclose such experiences later, or when they are ready to do so. They have also observed that some women, as a result of feeling stigmatized will lie and report their actual female perpetrator to be male. For a few women in this study, they have disclosed their same gender abuse but admit they have not dealt with the issues surrounding it in therapy or otherwise.

A self-examination around attitudes and beliefs by the treating clinician is of utmost importance in being able to establish a constructive therapeutic relationship with these women (Kasl, 1990). The therapist must be open to develop an awareness of the potentially unhelpful cultural beliefs that they have internalized around female-to-female sexual abuse, particularly regarding its denial. Longdon (1993) says that survivors of female sexual abuse are faced with mass denial of their experiences everywhere and so therapists need to be mindful of this. Maintaining a belief that women don't abuse children can serve to shut down the client in both conscious and unconscious ways. This could further compound the stigma already experienced by these women. Powerful counter-transference issues can also be illicited in the clinician through the therapeutic relationship. Some of the women spoke of experiences with clinicians where they either felt unable to disclose their past victimization or deal with pertinent issues as a result of the restricted demeanor of the clinician. Though potentially painful and threatening, Kasl (1990) advises that therapists make a strong commitment to self-exploration, particularly if they are choosing to work with this group of women.

It is imperative that clinicians examine the causation theories that they have accepted regarding how and why sexual abuse happens and who does it (Elliot, 1993). Survivors experientially know the resistance from the professionals who solely adhere to the ...

"gender dichotomy theories which cast perpetration into men do/women don't categories, diverting attention from women who do sexually abuse children" (Allen, 1990, p. 121). This is not to disconfirm or demean existing theories, especially the very important foundational knowledge that has emerged from feminist writers. One needs to acknowledge that we are still learning about this area of child abuse and we must be open to reconsider other or multiple causation. On feminism and female perpetrated sexual abuse Young (1993) writes: "Part of sexism is the belief that women are innocent and somehow sexually dormant until claimed by a man. So it is actually sexist, rather than feminist, to disbelieve initiatory female sexual abuse" (p. 107).

The gender of the therapist is an important consideration in working with this group of sexual abuse survivors. When the women in this study finally disclosed, two of them worked well with male therapists, while the remaining three women had positive healing experiences with female therapists. They also reported prior relationships with clinicians of both genders that were experienced as detrimental to and/or obstructed their healing process. Unique gender issues exist whether the therapist is male or female and must be taken into account.

The female therapist being the same gender as her client faces the same developmental challenge of separation in the therapy relationship as she does in all other relationships in her life. Hyde (1986) believes that the female therapist with the female client is at potential risk of boundary-violation as a consequence of how women are socialized and have related in their relationships with their mothers. Living in a patriarchal culture for women has contributed to their being in an psychologically starved state. The mother-daughter relationship has become an underground one in an effort for the mother to have her emotional needs met. The normative characteristics of the mother-daughter relationship in this culture are; role reversal, parentification of the child with generational boundary crossing, and the betrayal of trust and secrecy. According to Hyde (1986), these are the earmarks of covert incest. She concludes that women are caught in a self-

perpetuating transgenerational cycle of starvation since "...every mother is the daughter of a daughter who has not been mothered" (p. 79). This is the crux of the problem according to Hyde (1986): "The woman client and the woman therapist have in common that they have been mothered by women in this culture and so have both had their boundaries violated" (p. 80).

In order to work both appropriately and ethically, the female clinician working with the female survivor of same gender sexual abuse must be knowledgeable of women's psychology and women's socialization issues. It is essential that she be responsible and address her own healing to ensure her own healthy individuation and clear boundaries (Hyde, 1986). The therapist who either dismisses the significance of the influence of her own person in the therapy process or acts out of blindness runs the risk of shifting the rules of therapy. She may violate professional boundaries in order to have her personal needs met. For the survivor of female sexual abuse this is to have the abuse dynamics recapitulated that she previously lived with her abuser.

In spite of the caution expressed around the important concerns regarding the female therapist/female survivor, the female therapist who successfully works with a female client is in a powerful position to provide a reparative connection for the woman (Dolan, 1991). Addressing the dynamics that emerge in the therapy relationship, the transference/counter transference issues can provide a rich opportunity for the survivor to experience difficult and not-so difficult concerns with another woman in a relationship of safety. This offers the female client the chance to reevaluate her gender along with herself as being safe, strong and healing (Sgroi & Sargent, 1993). The majority of the women in the study who had affirmative involvements with female therapists, spoke of the importance of the non-intrusive nature of the relationship and the significant information and empowerment they gained from the role model of the therapist.

Male therapists in working with the female survivor of female same gender sexual abuse must also be aware of the gender socialization process for both males and females

and how this can impinge the therapeutic relationship. Male therapists need also be mindful of boundary violations and unconsciously attempting to have their needs gratified in therapy. In this regard, Hyde (1986) writes:

> Because men's dependency needs are so invisible to them and in the culture, and women's caretaking role is invisible in like fashion, it is all too easy for the woman client and male therapist to remain in societal prescribed roles. If the therapist is unaware of the abusiveness of the situation, the client will be betrayed and violated again, and no healing will occur (p. 81).

Male therapists may have some advantages in treating these women being of the gender that was not the same as their perpetrator. A few of the women in this study reported beneficial relationships with male clinicians which was critical to their initial disclosure and on-going healing.

Therapeutic Interventions

Many of the therapeutic interventions commonly mentioned in the literature for adult survivors of child sexual abuse were reported by the women in this study as being helpful to their healing (Bass & Davis, 1988; Bell-Gadsby & Siegenberg, 1996; Blume. 1990; Briere, 1989; Courtois, 1988; Durrant & White, 1990; Goulding & Schwartz, 1995; Herman, 1992; Laidlaw & Malmo, 1990; McCann & Pearlman, 1990; Meiselman, 1990). Intervention on the following issues were particularly encountered as supportive: anger, guilt, self-blame, shame, mistrust in relationships, and addressing gaps in their developmental history, particularly around sexuality.

The stigma of being sexually abused by a woman was salient for these women. The cultural mythology regarding mothers and females as nurturant and benevolent exacerbated the stigma and resultant shame since they seemed to have internalized these cultural notions into their personal belief systems (Ogilvie & Daniluk, 1995). Educating the female survivor on the cultural stereotypes and socialization of women may serve to reduce the undermining experiences of feeling stigmatized. Ogilvie & Daniluk (1995) recommend that

acknowledging feelings and contextualizing the client's past experiences of being victimized may assist in moderating stigmatization and help in their recognition that they were not to blame for their victimization. Ego-state work was noted by some women as being beneficial in their being able to acknowledge their powerlessness to stop their abuse. It also assisted them in developing more self-forgiveness and compassion. For one woman being taught by her therapist the skill of self-hypnosis was experienced as very empowering. This allowed her the autonomy to access this resource outside of the therapy session whereby she was able to address split ego states that encumbered her relationships and other aspects of her life. Ogilvie & Daniluk (1995) propose that ego-state therapy such as the early child work suggested by Laidlaw & Malmo (1990), as potentially helpful in dealing with shame and guilt. It might also be helpful to evaluate and address the woman's attributions around shame. This may arm her with information on how her self-beliefs and self-talk contribute to her debilitating and recriminating experiences. She is then in a position to potentially utilize this awareness to circumvent the escalation of shame.

Sexuality was significantly impacted for all the women in the study. Each of the women spoke of her lack of knowledge in regard to sexuality having been an impediment in both their healing and growth. Offering psycho-education information on female sexuality and development may be a helpful resource for these women contending with sexual discomforts and dysfunctions. Adopting a developmental approach and assigning appropriate and manageable tasks may be beneficial for the client as well. One woman in the study spoke of how one mental health professional provided her with information on the gaps in her sexual developmental history and then assigned experiential tasks. This was very helpful in her re-integrating these previously disrupted sexual aspects. For this woman, engaging in the assignments and later processing her responses in the therapy session also served to allow her to gain control of her sexual self. Sgroi & Sargent (1993) suggest that the client be assisted in exploring her sexual identification apart from her history of trauma. The women in this study struggled in coming to a comfortable

understanding of their sexual identity. They had been thrown off the normal course of sexual development. For women who have been sexually abused by their own gender, their past abuse seems to impact all of their identity of which sexuality is a large part. Cognitive-behavioural strategies that can address the recriminating cycle of self-blame for the woman's sexual problems would potentially be a healing and an empowering tool for these women.

Relationships with children proved difficult for the women. For some, they seemed to be lacking in basic information in regard to child development and the implications this has regarding realistic expectations of children and for their dependence on adult care. Education in the area of child development may serve to address this deficit. All of the women reported inadequate nurturance from a maternal figure whether their perpetrator was their mother or not. For some, they had learned how to mother from a woman who had sexually victimized them. For the two women not sexually abused by mothers, they described their childhood years as mother-absent. All of the women were bereft of experiences with mothers who role-modelled warmth and nurturance within appropriate boundaries. Having both a cognitive and experiential understanding of boundaries with children was an area of confusion for these women. Ogilvie & Daniluk (1995) concur with this in their study on maternal-daughter incest survivors. Participation in a psychotherapy group with survivors of same gender sexual abuse could be valuable in facilitating experiential learning regarding physical and psychological boundaries. Due to the unique nature of the sexual abuse for these women, each woman's readiness and/or appropriateness for group work would need to be assessed by her treating clinician before a referral is recommended.

Many of the women struggled in their self-identities as mothers, often adopting crippling self-beliefs regarding their fitness to be in this role. These women might benefit from having their experiences as woman and mothers contextualized in regard to the culture, addressing specifically the mixed messages about mothering. This could help to

normalize aspects of their experience by allowing them to become aware that all mothers face these conflicts as a by-product of living in a patriarchal culture which has numerous and dichotomous cultural scripts on mothering and being female. Learning about the sensual aspects of mothering is an additional educational need for these women. Sgroi & Sargent (1993) suggest, "The woman whose life experience has pre-disposed her to fear that she might abuse her child is likely to become terrified by the normal phenomenon. Worse she may interpret it as a sign she is sexually attracted to her own child" (p. 28). Some women in this study were perplexed by their feelings when in the company of children and may have confused normal feelings of admiration and appreciation of children with erotic interest. Mothering daughters for these women may be more anxiety-provoking than caring for sons. The therapist working with this population may need to keep this in mind as one of the potential concerns that may arise.

In dealing with survivors of same gender sexual abuse, the therapist must have an openness to hear that the survivor/client may be abusing her child (Rudin, Zalewski, & Bodmer-Turner, 1995). Reporting must be done but must be carried out in a manner to minimize the likelihood of damage to the client, while also protecting her children (Ogilvie & Daniluk, 1995). Sgroi & Sargent (1993) believe that therapists need to uphold a belief that the woman holds the potential to be a good-enough mother and her children need to receive good-enough parenting. For the therapist to believe otherwise will thwart the therapist's ability to work successfully with this client.

Interpersonal relationships with females was a highly anxiety-provoking experience for all women in this study. Critical issues for these women seemed to focus on mistrust of females, physical and psychological boundaries in relationships with women, distorted perceptions on the self and other as female. Utilizing a feminist or relational approach like that advocated by the Stone Center on Women's Development to therapy with these women could be of great benefit to supporting their healing and building their self-identity and their relational resources.

Feminist therapy is not a technique but more of an attitude that is brought to the therapy relationship. Some of the key principles which guide the approach are:

(1) the rejection of the stereotypes of females and males that limit potential

(2) de-mystifying therapy by minimizing professional distance

(3) shrinking the imbalance of power by assuming a non-expert stance on the part of the therapist

(4) validating the client's understanding of her life and the resources that she has developed in order to manage

(5) reframing and contextualizing any self-defeating resources that the client may have adopted to cope

(6) utilizing appropriate and timely self-disclosure about the therapist's life that are pertinent to the needs of the client

(7) viewing the client as in charge of the therapy process as much as is therapeutically possible around content, method, and pacing of the therapeutic work

(8) countering the socialization of women by encouraging and exploring what they want and need, and

(9) encouraging the valuing of female relationships (Laidlaw & Malmo, 1991).

For women with whom it is deemed befitting to work with a female clinician who adheres to a feminist therapy model, there is the potential for this connection to be a highly reparative one in re-learning that female-to-female relating can be respectful, boundaried and non-abusive.

Group therapy also may be helpful for survivors of same gender abuse in attempting to address their difficulties in same gender relating. Here there is the possibility for the woman to break her sense of isolation; learn from other women's experience; learn mutuality and reciprocity from member to member interactions; benefit from the modeling of support and nurturance by adult women with no strings attached; and explore in-vivo any anxieties and conflicts that may arise between members in a safe and boundaried

environment (Sgroi & Sargent, 1993). Young (1993) cautions that since it is common for female survivors to fear same gender groups, then individual therapy may need to be employed to prepare for participation in a group therapy setting.

As a final and personal thought as a practitioner/researcher, I believe that one of the most helpful approaches for me has been to never assume that I know the meaning of the impact of trauma for the client. The woman is the sage of her experience. She must teach me, the therapist, the parameters and the meaning that she has construed in regard to herself and living in the world as a result of her victimization at the hands of another woman. In my experience, most often the client is bigger than what she thinks she is and is certainly bigger than what her symptoms portray. For the most part, the survivor of sexual abuse does not recognize her immense courage nor her creativity in having developed ingenious resources in order to survive as a child and to cope as an adult. An important role of the therapist is to act as a mirror and reflect back to the female survivor her resourcefulness. Little has been written to assist the therapist working with the unique issues that are significant for the female survivor of female perpetrated sexual abuse. This study and the implications for counselling should contribute to further understanding of the experience.

Implications for Further Research

The findings of this study raised some interesting questions for further research. Since parenting arose as a salient concern for women in this study, a future endeavour could examine the experience of women who have been sexually abused by a female and their parenting of daughters versus sons. An additional topic on parenting might be a retrospective study with mothers who are survivors of same gender abuse and their adolescent or adult children, where the mothers report on their experiences of parenting while the children address their experience of being parented. Since varying degrees of dissociative experiences were reported by the women, particular attention could be focused on dissociative experiences and the impact on parenting.

In this study, all of the women reported poor relationships with their mothers, whether they were their abuser or not. It could be enlightening to examine the experience of female survivors of non-maternal sexual abuse and their relationships with their mothers.

Since disclosure and the process of seeking treatment that was helpful from mental health professionals was a challenge for the women in this study, it could be of benefit to investigate the attitudes and beliefs of psychotherapists regarding female same gender sexual abuse.

Further research could also include a study that more closely examines the therapeutic contexts and specific interventions that have been helpful to women in their recovery from this experience.

Finally, a study which interviewed survivors of same gender sexual abuse pre- and post participation in group psychotherapy may shed some light on the interventions and contexts that are beneficial in addressing stigmatization, self-blame and mistrust in relationships particularly those with women.

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APPENDIX A

To Persons Referring Participants for this Study

I am a graduate student in the counselling program under the Department of Educational Psychology at the University of Alberta. I am conducting doctoral research under the supervision of Dr. Barbara Paulson, a professor and chartered psychologist in the department. The subject of my research is **"What is the Experience of Women Who Were Sexually Abused as Children by a Female Perpetrator?"**

I am carrying out a qualitative study during which I will be interviewing women who were sexually abused as children by a female perpetrator. I am seeking women over the age of eighteen who can speak about their experience in detail.

This study is being conducted solely for research purposes. I wish to obtain information that will contribute to the literature a more in-depth understanding of women's experience of having been sexually abused as children by a female perpetrator and the resulting impact. I anticipate that this research will be useful for women who are recovering from this experience as well as for therapists or other professionals who work with these women.

Confidentiality will be maintained of the names of the contact persons, and the participants involved in this study. Although I will provide any needed emotional support to participants during the interviews, I will not involve myself as an advocate or therapist. If the participant requests or requires therapeutic support she will be referred to her current therapist or provided with the names of appropriate professionals.

I would be pleased to answer any questions that you have about this study. I invite you to provide any potential participants with the attached letter that describes their part in the study.

APPENDIX B

To Participants in this Study

I am a graduate student in the Department of Educational Psychology at the University of Alberta. The subject of my doctoral research is: "What is the Experience of Women Who Were Sexually Abused as Children by a Female Perpetrator?" I am interviewing women in Edmonton, Alberta who were sexually abused as children by a female perpetrator.

As a part of this study, you are being asked to participate in two interviews that will focus on obtaining information about the experience of being sexually abused by a female perpetrator and your perceptions about the consequences of this experience. These interviews will be conversations about the details of your experience that you feel are important to share. My goal is to analyze the information I obtain in order to better understand the impact of this experience, as well as the recovery process. I anticipate this information will be helpful to women who are recovering from this experience as well as to therapists who work with women who are presenting with these issues. The information that you will provide to me will be included in my dissertation. I will not use your name or any names mentioned by you during the interview in any of the written material.

If you are interested in participating in this study, please contact me at the enclosed telephone number and I will arrange a meeting with you to further discuss the details of the study.

Sarah A. Kelleher
telephone: 438-7809

APPENDIX C

Informed Consent Form for Participants

What is the Experience of Women Who Were Sexually Abused as Children by a Female Perpetrator?

Researcher: Sarah A. Kelleher, Ph.D. Student in Educational Psychology
University of Alberta, Edmonton, Alberta, Phone: 478-7809 (home)
Supervisor: Dr. Barbara Paulson, C. Psych.

I understand that I am volunteering to participate in a study in which I will be asked to describe my thoughts, feelings, and experiences with respect to having been sexually abused as a child by a female perpetrator. I am willing to share my thoughts and experiences with the researcher, but I understand that I am free to withdraw from the study at any time. I am also free to refrain from answering any questions that I do not wish to answer. I understand the interview will take approximately 90 minutes and will be audio taped. I am also aware that a second interview will take place with the researcher where I will be asked to review the information arising from the initial contact in order to check for the accuracy of meaning.

The study has been explained to me, and I have had the chance to ask questions about the study. I understand that my identity will be kept confidential in any written documents about the study, and the audio tapes will be kept secure.

I am satisfied that I have been given sufficient information about the study, and I am willing to participate in the topic by sharing my thoughts and experiences.

_____ _____

Date Participant

_____ _____

Date Researcher

APPENDIX D

Research Description

What is the Experience of Women Who Were Sexually Abused as Children by a Female Perpetrator?

Researcher: Sarah Kelleher, Ph.D. Student in Educational Psychology

University of Alberta, Edmonton, Alberta

Phone: 438-7809 (Home)

Introduction

Over the last fifteen to twenty years, awareness and knowledge about child sexual abuse has increased. The bulk of research has focused on the phenomena of male perpetrator and female victim, since most sexual offenders are men. Therefore, until recently, women have not been viewed as sexual abuse perpetrators except in unusual circumstances. However, currently there is an increased interest in women as perpetrators of child sexual abuse, and some researchers suggest it is more common than previously believed.

Within the area of developmental psychology various authors have proposed that there are gender differences in how women construct their self-identity. The "self-in-relation" model suggests that a woman's sense of self is organized around being able to make and maintain affiliation and relationships. It is through the experience of being in relationship, by which women develop and recognize the aspects of the self.

These key developments in women's psychology raise some interesting questions in regard to the female child who has experienced sexual abuse at the hands of a female perpetrator, particularly with respect to the short-term and long-term impact in areas of their psycho-social development. I believe that investigating the experience of women who were sexually abused as children by a female perpetrator, in light of the self-in-relation model offers the possibility of contributing potentially unique and significant information to the limited knowledge to date on the impact and sequelae of female-perpetrated sexual abuse.

Purpose and Description of the Study

The purpose of the study is to describe the experience of women who have been sexually abused by a female perpetrator. Since little research has been done in the area then a "discovery" approach will be used. Approximately seven women will be selected to be interviewed by the researcher, and an open-ended questionnaire will be used as the basis of the interviews. Follow-up interviews will be done with the participants to verify that the researcher's interpretation of the interview is consistent with the woman's understanding of what she wanted to say, moreover to identify any additional thoughts that may have occurred between the interviews.

Participants will be over the age of eighteen and will be from Alberta. Qualitative research analysis methods will be used to analyze the transcripts of the semi-structured interviews.

Practical Importance of the Study

There are a number of reasons why the topic of sexually abusive behaviour with female children by females needs to be examined at this time. To date there is little in the literature regarding the short and long-term impact on the psycho-social development of women who have experienced same gender sexual abuse.

Examining the experience of women who have been sexually abused as children bya female perpetrator, in light of the current research in the women's psychological development literature on the "self-in-relation" model, could provide valuable information on the unique influences on the various aspects of the woman's sense of self. This data has the potential to be of benefit to the helping professional working with women who have undergone this trauma, as well be helpful to women who are recovering from this experience.

APPENDIX E

Interview Guide

Questions are expected to evolve as the study progresses, depending on the data arising from the participants. The overarching question that is guiding this study is, "**What was your experience of being sexually abused as a child by a female perpetrator?**" Since this would probably be a difficult question for participants to respond to, the initial question will be, "Tell me about your experience of being sexually abused as a child by a female?"

Related questions might include the following:

1. Tell me about your relationship with the perpetrator?
2. Tell me about the circumstances of your life at the time of the sexual abuse?
3. How do you understand that the sexual perpetration toward you happened? stopped?
4. How do you see this experience effected you emotionally, psychologically and physically:
   a). during--as a child;
   b). as an adolescent;
   c). later/now--as an adult?
5. What sense did you make of being sexually abused by a female:
   a). during--as a child;
   b). as an adolescent;
   c). later/now--as an adult?
6. What strategies did you use to cope and take care of yourself:
   a). during the abuse;
   b). following the abuse;
   c). what worked? what didn't work?
7. Where there times when the offending behaviour could have happened but didn't? What do you understand stopped it from happening?

8. Tell me about your impressions of the woman who sexually abused you and her behaviour:

a). during the abuse;

b). following the abuse;

c). now?

9. Tell me about the times (as a child, adolescent, and adult) when you decided to seek support from:

a). helping professionals;

b). others?

10. What has been helpful in your dealing with the experience of being sexually abused by a female on the part of:

a). helping professionals;

b). others;

c). yourself?

APPENDIX F

Audit Trail

Research Title: When Women's Touch Turns to Torture: The Experience of Women Who Were Sexually Abused as Children by a Female Perpetrator

Investigator:
Sarah A. Kelleher
Counselling Psychology, Ph.D. student
Department of Educational Psychology
University of Alberta

Phase I: Development of the Proposal

Time Period	Activities
Sept. - Dec., 1995	Course work in counselling research
	Reading in area of Female Perpetrated Sexual Abuse to acquire background
	Development of the research question
Jan. - May 1996	Development of research proposal
	Submission to and approval from the Ethics Review Committee
	Preparation for Oral Candidacy exam

Phase II: Participant Selection

May - July 1996	Oral Candidacy exam completed
	Approached counsellors working with adult female survivors of child sexual to inform potential volunteers about this study
	Continuous searching and reading material regarding female same gender sexual abuse
	Researcher journalling throughout this process

Phase III: Data Collection

July - Aug. 1995	Conducting of Initial Interviews
	Michelle- July 11, 1995
	Raven- July 14, 1995
	Morning Star- July 18, 1995
	Elaine- July 19, 1995
	Dorothy- July 29, 1995

	Researcher journalling, field notes and memos continued throughout the entire interview process
Aug. - Oct. 1995	Audio-tapes translated into written transcriptions by designated transcriber

Phase IV: Data Analysis

Time Period	**Activities**
Nov. 1995- June 1996	Comparison of audio-tapes to written transcriptions
Sept. - Dec. 1996	Coding of the data from the interviews then discussing preliminary findings with thesis supervisor
	Coding and further immersion in the data continues
	Themes begin to emerge
	Discussion and clarification of the findings and themes with interview participants through a perception check
	Further discussion with thesis supervisor on the themes
Jan. - July 1997	Second review of the literature and comparison with the findings in the study
	Discussion of the findings with professionals in the fields of qualitative research and counselling
	Development of format of final report
	Written preparation of the final report
	Continued review with thesis supervisor
	Submission of final written report